



ANDREW COHEN
INSTRUCTIONS FOR FILING FORM
1045
APPLICATION FOR TENTATIVE REFUND FOR 2008

SIGNATURE..

THE ORIGINAL RETURN SHOULD BE SIGNED (USE FULL NAME) AND DATED ON
PAGE ONE BY THE TAXPAYER AND SPOUSE.

FILING..

THE SIGNED RETURN SHOULD BE FILED AS SOON AS POSSIBLE, BUT NO
LATER THAN DECEMBER 31, 2009 WITH:

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
ATLANTA, GA 39901-0002

YOU SHOULD FILE YOUR 2008 INCOME TAX RETURN BEFORE FILING FORM 1045.
DO NOT MAIL FORM 1045 WITH YOUR INCOME TAX RETURN.

Form

1045**Application for Tentative Refund**

OMB No. 1545-0098

▶ See separate instructions.

▶ Do not attach to your income tax return - mail in a separate envelope.

▶ For use by individuals, estates, or trusts.

2008Department of the Treasury
Internal Revenue Service

Type or print	Name(s) shown on return		Social security or employer identification number	
	ANDREW COHEN & RITA COHEN		[REDACTED]	
	Number, street, and apt. or suite no. If a P.O. box, see page 4 of the instructions.		Spouse's social security number (SSN)	
	3750 JEFFERSON BOULEVARD		[REDACTED]	
City, town or post office, state, and ZIP code. If a foreign address, see page 4 of the instructions.		Daytime phone number		
VIRGINIA BEACH, VA 23455		757-460-8625		
1	This application is filed to carry back:	a Net operating loss (NOL) (Sch. A, line 25, page 2)	b Unused general business credit	c Net section 1256 contracts loss
		\$ -2060832.	\$ NONE	\$ NONE
2a	For the calendar year 2008, or other tax year beginning , 2008, ending , 20		b Date tax return was filed	
			04/10/2009	
3	If this application is for an unused credit created by another carryback, enter year of first carryback ▶			
4	If you filed a joint return (or separate return) for some, but not all, of the tax years involved in figuring the carryback, list the years and specify whether joint (J) or separate (S) return for each ▶			
5	If SSN for carryback year is different from above, enter a SSN ▶ and b Year(s) ▶			
6	If you changed your accounting period, give date permission to change was granted ▶			
7	Have you filed a petition in Tax Court for the year(s) to which the carryback is to be applied?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8	Is any part of the decrease in tax due to a loss or credit from a tax shelter required to be registered?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9	If you are carrying back an NOL or net section 1256 contracts loss, did this cause the release of foreign tax credits or the release of other credits due to the release of the foreign tax credit (see page 4 of the instructions)?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Computation of Decrease in Tax (see page 4 of the instructions)		5TH preceding 12/31/2003 tax year ended ▶		4TH preceding 12/31/2004 tax year ended ▶		3RD preceding 12/31/2005 tax year ended ▶	
		Before carryback	After carryback	Before carryback	After carryback	Before carryback	After carryback
Note: If 1a and 1c are blank, skip lines 10 through 15.							
10	NOL deduction after carryback (see page 4 of the instructions).		2,060,832.		1,950,714.		1,671,794.
11	Adjusted gross income	276,219.	1,784,613.	332,102.	1,618,558.	939,604.	-740,190.
12	Deductions (see page 6 of the instructions). . .	166,101.	32,093.	53,182.	72,699.	34,241.	63,039.
13	Subtract line 12 from line 11	110,118.	1,752,520.	278,920.	1,545,859.	905,363.	-803,229.
14	Exemptions (see page 6 of the instructions) . .	5,612.	12,200.	496.	12,400.	NONE	12,800.
15	Taxable income. Line 13 minus line 14.	104,506.	1,740,320.	278,424.	1,533,459.	905,363.	-816,029.
16	Income tax. See page 6 of the instructions and attach an explanation.	19,652.	NONE	67,692.	NONE	289,922.	NONE
17	Alternative minimum tax						
18	Add lines 16 and 17	19,652.	NONE	67,692.	NONE	289,922.	NONE
19	General business credit (see page 7 of the instructions)						
20	Other credits. Identify . . STMT 1. . STMT 2 . .						
21	Total credits. Add lines 19 and 20						
22	Subtract line 21 from line 18	19,652.	NONE	67,692.	NONE	289,922.	NONE
23	Self-employment tax	1,406.	1,406.			29,987.	29,987.
24	Other taxes						
25	Total tax. Add lines 22 through 24.	21,058.	1,406.	67,692.	NONE	319,909.	29,987.
26	Enter the amount from the "After carryback" column on line 25 for each year	1,406.		NONE		29,987.	
27	Decrease in tax. Line 25 minus line 26	19,652.		67,692.		289,922.	
28	Overpayment of tax due to a claim of right adjustment under section 1341(b)(1) (attach computation)						

Sign Here

Under penalties of perjury, I declare that I have examined this application and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete.

Keep a copy of this application for your records.

Your signature

Date

Spouse's signature. If Form 1045 is filed jointly, both must sign.

Date

Preparer Other Than TaxpayerName ▶ MCPHILLIPS, ROBERTS & DEANS, PLC *R. Paul Speers, CPA*

Date

Address ▶ 150 BOUSH STREET, SUITE 1100 NORFOLK, VA 23510

*9/3/09***For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 11 of the instructions.**Form **1045** (2008)JSA
8A8001 2.000

Form

1045**Application for Tentative Refund**

OMB No. 1545-0098

▶ See separate instructions.

▶ Do not attach to your income tax return - mail in a separate envelope.

▶ For use by individuals, estates, or trusts.

2008Department of the Treasury
Internal Revenue Service

Type or print	Name(s) shown on return		Social security or employer identification number	
	ANDREW COHEN & RITA COHEN		[REDACTED]	
	Number, street, and apt. or suite no. If a P.O. box, see page 4 of the instructions.		Spouse's social security number (SSN)	
	3750 JEFFERSON BOULEVARD		[REDACTED]	
City, town or post office, state, and ZIP code. If a foreign address, see page 4 of the instructions.		Daytime phone number		
VIRGINIA BEACH, VA 23455		757-460-8625		
1	This application is filed to carry back:	a Net operating loss (NOL) (Sch. A, line 25, page 2) \$	b Unused general business credit \$	c Net section 1256 contracts loss \$
2a	For the calendar year 2008, or other tax year beginning , 2008, ending , 20			b Date tax return was filed
3	If this application is for an unused credit created by another carryback, enter year of first carryback ▶			
4	If you filed a joint return (or separate return) for some, but not all, of the tax years involved in figuring the carryback, list the years and specify whether joint (J) or separate (S) return for each ▶			
5	If SSN for carryback year is different from above, enter a SSN ▶ and b Year(s) ▶			
6	If you changed your accounting period, give date permission to change was granted ▶			
7	Have you filed a petition in Tax Court for the year(s) to which the carryback is to be applied? <input type="checkbox"/> Yes <input type="checkbox"/> No			
8	Is any part of the decrease in tax due to a loss or credit from a tax shelter required to be registered? <input type="checkbox"/> Yes <input type="checkbox"/> No			
9	If you are carrying back an NOL or net section 1256 contracts loss, did this cause the release of foreign tax credits or the release of other credits due to the release of the foreign tax credit (see page 4 of the instructions)? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Computation of Decrease in Tax (see page 4 of the instructions)		preceding tax year ended ▶		2ND preceding tax year ended ▶		12/31/2006		1ST preceding tax year ended ▶		12/31/2007	
		Before carryback	After carryback	Before carryback	After carryback	Before carryback	After carryback	Before carryback	After carryback		
Note: If 1a and 1c are blank, skip lines 10 through 15.											
10	NOL deduction after carryback (see page 4 of the instructions).						766,431.				314,321.
11	Adjusted gross income			475,933.		-290,498.		453,207.			138,886.
12	Deductions (see page 6 of the instructions). . .			23,823.		49,001.		43,984.			60,923.
13	Subtract line 12 from line 11			452,110.		-339,499.		409,223.			77,963.
14	Exemptions (see page 6 of the instructions) . .			4,400.		13,200.		4,532.			13,600.
15	Taxable income. Line 13 minus line 14.			447,710.		-352,699.		404,691.			64,363.
16	Income tax. See page 6 of the instructions and attach an explanation.			125,084.		NONE		98,417.			3,284.
17	Alternative minimum tax							10,540.			
18	Add lines 16 and 17			125,084.		NONE		108,957.			3,284.
19	General business credit (see page 7 of the instructions)										
20	Other credits. Identify				6.						550.
21	Total credits. Add lines 19 and 20				6.						550.
22	Subtract line 21 from line 18			125,078.		NONE		108,957.			2,734.
23	Self-employment tax										
24	Other taxes										
25	Total tax. Add lines 22 through 24.			125,078.		NONE		108,957.			2,734.
26	Enter the amount from the "After carryback" column on line 25 for each year					NONE		2,734.			
27	Decrease in tax. Line 25 minus line 26					125,078.				106,223.	
28	Overpayment of tax due to a claim of right adjustment under section 1341(b)(1) (attach computation)										

Sign Here

Under penalties of perjury, I declare that I have examined this application and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete.

Keep a copy of this application for your records.

Your signature

Date

Spouse's signature. If Form 1045 is filed jointly, both must sign.

Date

Preparer Other Than Taxpayer

Name ▶

Date

Address ▶

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 11 of the instructions.Form **1045** (2008)

Schedule A - NOL (see page 7 of the instructions)

1	Enter the amount from your 2008 Form 1040, line 41, or Form 1040NR, line 38, minus any amount on Form 8914, line 2. Estates and trusts, enter taxable income increased by the total of the charitable deduction, income distribution deduction, and exemption amount	1	-208,198.
2	Nonbusiness capital losses before limitation. Enter as a positive number	2	102,884.
3	Nonbusiness capital gains (without regard to any section 1202 exclusion)	3	31,996.
4	If line 2 is more than line 3, enter the difference; otherwise, enter -0-	4	70,888.
5	If line 3 is more than line 2, enter the difference; otherwise, enter -0-	5	
6	Nonbusiness deductions (see page 7 of the instructions).	6	54,685.
7	Nonbusiness income other than capital gains (see page 8 of the instructions).	7	36,724.
8	Add lines 5 and 7	8	36,724.
9	If line 6 is more than line 8, enter the difference; otherwise, enter -0-	9	17,961.
10	If line 8 is more than line 6, enter the difference; otherwise, enter -0-. But do not enter more than line 5	10	
11	Business capital losses before limitation. Enter as a positive number	11	
12	Business capital gains (without regard to any section 1202 exclusion)	12	193.
13	Add lines 10 and 12	13	193.
14	Subtract line 13 from line 11. If zero or less, enter -0-	14	
15	Add lines 4 and 14	15	70,888.
16	Enter the loss, if any, from line 16 of Schedule D (Form 1040). (Estates and trusts, enter the loss, if any, from line 15, column (3), of Schedule D (Form 1041).) Enter as a positive number. If you do not have a loss on that line (and do not have a section 1202 exclusion), skip lines 16 through 21 and enter on line 22 the amount from line 15	16	70,695.
17	Section 1202 exclusion. Enter as a positive number	17	
18	Subtract line 17 from line 16. If zero or less, enter -0-	18	70,695.
19	Enter the loss, if any, from line 21 of Schedule D (Form 1040). (Estates and trusts, enter the loss, if any, from line 16 of Schedule D (Form 1041).) Enter as a positive number	19	3,000.
20	If line 18 is more than line 19, enter the difference; otherwise, enter -0-	20	67,695.
21	If line 19 is more than line 18, enter the difference; otherwise, enter -0-	21	
22	Subtract line 20 from line 15. If zero or less, enter -0-	22	3,193.
23	Domestic production activities deduction from Form 1040, line 35, or Form 1040NR, line 33 (or included on Form 1041, line 15a).	23	
24	NOL deduction for losses from other years. Enter as a positive number	24	
25	NOL. Combine lines 1, 9, 17, and 21 through 24. If the result is less than zero, enter it here and on page 1, line 1a. If the result is zero or more, you do not have an NOL	25	-2,060,832.

Form 1045 (2008)

Schedule B - NOL Carryover (see page 8 of the instructions)

Complete one column before going to the next column. Start with the earliest carryback year.

	5TH preceding tax year ended ► 12/31/2003	4TH preceding tax year ended ► 12/31/2004	3RD preceding tax year ended ► 12/31/2005
1 NOL deduction (see page 8 of the instructions). Enter as a positive number	2,060,832.	1,950,714.	1,671,794.
2 Taxable income before 2008 NOL carryback (see page 8 of the instructions). Estates and trusts, increase this amount by the sum of the charitable deduction and income distribution deduction	104,506.	278,424.	905,363.
3 Net capital loss deduction (see page 8 of the instructions)			
4 Section 1202 exclusion. Enter as a positive number			
5 Domestic production activities deduction			
6 Adjustment to adjusted gross income (see page 8 of the instructions)			
7 Adjustment to itemized deductions (see page 8 of the instructions).			
8 Individuals, enter deduction for exemptions (minus any amount on Form 8914, line 6, for 2006; line 2 for 2005). Estates and trusts, enter exemption amount	5,612.	496.	NONE
9 Modified taxable income. Combine lines 2 through 8. If zero or less, enter -0-	110,118.	278,920.	905,363.
10 NOL carryover (see page 9 of the instructions). Subtract line 9 from line 1. If zero or less, enter -0-	1,950,714.	1,671,794.	766,431.
Adjustment to Itemized Deductions (Individuals Only) Complete lines 11 through 38 for the carryback year(s) for which you itemized deductions only if line 3, 4, or 5 above is more than zero.			
11 Adjusted gross income before 2008 NOL carryback	276,219.	332,102.	939,604.
12 Add lines 3 through 6 above			
13 Modified adjusted gross income. Add lines 11 and 12	276,219.	332,102.	939,604.
14 Medical expenses from Sch. A (Form 1040), line 4 (or as previously adjusted)			
15 Medical expenses from Sch. A (Form 1040), line 1 (or as previously adjusted)			
16 Multiply line 13 by 7.5% (.075)	20,716.	24,908.	70,470.
17 Subtract line 16 from line 15. If zero or less, enter -0-			
18 Subtract line 17 from line 14			
19 Qualified mortgage insurance premiums from Sch. A (Form 1040), line 13 (or as previously adjusted)			
20 Refigured qualified mortgage insurance premiums (see instructions).			
21 Subtract line 20 from line 19			

Schedule B - NOL Carryover (see page 8 of the instructions)

Complete one column before going to the next column. Start with the earliest carryback year.

	____ preceding tax year ended ►	2ND preceding tax year ended ► 12/31/2006	1ST preceding tax year ended ► 12/31/2007
1 NOL deduction (see page 8 of the instructions). Enter as a positive number		766,431.	314,321.
2 Taxable income before 2008 NOL carryback (see page 8 of the instructions). Estates and trusts, increase this amount by the sum of the charitable deduction and income distribution deduction		447,710.	404,691.
3 Net capital loss deduction (see page 8 of the instructions)			
4 Section 1202 exclusion. Enter as a positive number			
5 Domestic production activities deduction			
6 Adjustment to adjusted gross income (see page 8 of the instructions)			
7 Adjustment to itemized deductions (see page 8 of the instructions)			
8 Individuals, enter deduction for exemptions (minus any amount on Form 8914, line 6, for 2006; line 2 for 2005). Estates and trusts, enter exemption amount		4,400.	4,532.
9 Modified taxable income. Combine lines 2 through 8. If zero or less, enter -0-		452,110.	409,223.
10 NOL carryover (see page 9 of the instructions). Subtract line 9 from line 1. If zero or less, enter -0-		314,321.	
Adjustment to Itemized Deductions (Individuals Only) Complete lines 11 through 38 for the carryback year(s) for which you itemized deductions only if line 3, 4, or 5 above is more than zero.			
11 Adjusted gross income before 2008 NOL carryback		475,933.	453,207.
12 Add lines 3 through 6 above			
13 Modified adjusted gross income. Add lines 11 and 12		475,933.	453,207.
14 Medical expenses from Sch. A (Form 1040), line 4 (or as previously adjusted)			
15 Medical expenses from Sch. A (Form 1040), line 1 (or as previously adjusted)			
16 Multiply line 13 by 7.5% (.075)		35,695.	33,991.
17 Subtract line 16 from line 15. If zero or less, enter -0-			
18 Subtract line 17 from line 14			
19 Qualified mortgage insurance premiums from Sch. A (Form 1040), line 13 (or as previously adjusted)			
20 Refigured qualified mortgage insurance premiums (see instructions)			
21 Subtract line 20 from line 19			

Schedule B - NOL Carryover (Continued)

Complete one column before going to the next column. Start with the earliest carryback year.

	<u>5TH</u> preceding tax year ended ► 12/31/2003	<u>4TH</u> preceding tax year ended ► 12/31/2004	<u>3RD</u> preceding tax year ended ► 12/31/2005
22 Modified adjusted gross income from line 13 on page 3	276,219.	332,102.	939,604.
23 Enter as a positive number any NOL carryback from a year before 2008 that was deducted to figure line 11 on page 3			
24 Add lines 22 and 23	276,219.	332,102.	939,604.
25 Charitable contributions from Sch. A (Form 1040), line 18 (line 19 for 2007), or Sch. A (Form 1040NR), line 7 (or as previously adjusted)			
26 Refigured charitable contributions (see page 9 of the instructions)			
27 Subtract line 26 from line 25			
28 Casualty and theft losses from Form 4684, line 18 (line 20 for 2005 and 2006) (or as previously adjusted)			
29 Casualty and theft losses from Form 4684, line 16 (line 18 for 2005 and 2006) (or as previously adjusted)			
30 Multiply line 22 by 10% (.10)	27,622.	33,210.	93,960.
31 Subtract line 30 from line 29. If zero or less, enter -0-			
32 Subtract line 31 from line 28			
33 Miscellaneous itemized deductions from Sch. A (Form 1040), line 26 (line 27 for 2007), or Sch. A (Form 1040NR), line 15 (or as previously adjusted)			
34 Miscellaneous itemized deductions from Sch. A (Form 1040), line 23 (line 24 for 2007), Sch. A (Form 1040NR), line 12 (or as previously adjusted)			
35 Multiply line 22 by 2% (.02)	5,524.	6,642.	18,792.
36 Subtract line 35 from line 34. If zero or less, enter -0-			
37 Subtract line 36 from line 33			
38 Complete the worksheet on page 10 of the instructions if line 22 is more than the applicable amount shown below (more than one-half that amount if married filing separately for that year). • \$124,500 for 1998. • \$126,600 for 1999. • \$128,950 for 2000. • \$132,950 for 2001. • \$137,300 for 2002. • \$139,500 for 2003. • \$142,700 for 2004. • \$145,950 for 2005. • \$150,500 for 2006. • \$156,400 for 2007. Otherwise, combine lines 18, 21, 27, 32 and 37; enter the result here and on line 7 (page 3)			

Schedule B - NOL Carryover (Continued)

Complete one column before going to the next column. Start with the earliest carryback year.

	<u> </u> preceding tax year ended ►	<u>2ND</u> preceding tax year ended ► 12/31/2006	<u>1ST</u> preceding tax year ended ► 12/31/2007
22 Modified adjusted gross income from line 13 on page 3		475,933.	453,207.
23 Enter as a positive number any NOL carryback from a year before 2008 that was deducted to figure line 11 on page 3			
24 Add lines 22 and 23		475,933.	453,207.
25 Charitable contributions from Sch. A (Form 1040), line 18 (line 19 for 2007), or Sch. A (Form 1040NR), line 7 (or as previously adjusted)			
26 Refigured charitable contributions (see page 9 of the instructions)			
27 Subtract line 26 from line 25			
28 Casualty and theft losses from Form 4684, line 18 (line 20 for 2005 and 2006) (or as previously adjusted)			
29 Casualty and theft losses from Form 4684, line 16 (line 18 for 2005 and 2006) (or as previously adjusted)			
30 Multiply line 22 by 10% (.10)		47,593.	45,321.
31 Subtract line 30 from line 29. If zero or less, enter -0-			
32 Subtract line 31 from line 28			
33 Miscellaneous itemized deductions from Sch. A (Form 1040), line 26 (line 27 for 2007), or Sch. A (Form 1040NR), line 15 (or as previously adjusted)			
34 Miscellaneous itemized deductions from Sch. A (Form 1040), line 23 (line 24 for 2007), Sch. A (Form 1040NR), line 12 (or as previously adjusted)			
35 Multiply line 22 by 2% (.02)		9,519.	9,064.
36 Subtract line 35 from line 34. If zero or less, enter -0-			
37 Subtract line 36 from line 33			
38 Complete the worksheet on page 10 of the instructions if line 22 is more than the applicable amount shown below (more than one-half that amount if married filing separately for that year). • \$124,500 for 1998. • \$126,600 for 1999. • \$128,950 for 2000. • \$132,950 for 2001. • \$137,300 for 2002. • \$139,500 for 2003. • \$142,700 for 2004. • \$145,950 for 2005. • \$150,500 for 2006. • \$156,400 for 2007. Otherwise, combine lines 18, 21, 27, 32 and 37; enter the result here and on line 7 (page 3)			

Schedule A - NOL (see page 7 of the instructions)**ALTERNATIVE MINIMUM TAX**

1	Enter the amount from your 2008 Form 1040, line 41, or Form 1040NR, line 38, minus any amount on Form 8914, line 2. Estates and trusts, enter taxable income increased by the total of the charitable deduction, income distribution deduction, and exemption amount	1	-2040842.
2	Nonbusiness capital losses before limitation. Enter as a positive number	2	102,884.
3	Nonbusiness capital gains (without regard to any section 1202 exclusion)	3	31,996.
4	If line 2 is more than line 3, enter the difference; otherwise, enter -0-	4	70,888.
5	If line 3 is more than line 2, enter the difference; otherwise, enter -0-	5	
6	Nonbusiness deductions (see page 7 of the instructions).	6	13,607.
7	Nonbusiness income other than capital gains (see page 8 of the instructions).	7	36,724.
8	Add lines 5 and 7	8	36,724.
9	If line 6 is more than line 8, enter the difference; otherwise, enter -0-	9	
10	If line 8 is more than line 6, enter the difference; otherwise, enter -0-. But do not enter more than line 5	10	
11	Business capital losses before limitation. Enter as a positive number	11	
12	Business capital gains (without regard to any section 1202 exclusion)	12	193.
13	Add lines 10 and 12	13	193.
14	Subtract line 13 from line 11. If zero or less, enter -0-	14	
15	Add lines 4 and 14	15	70,888.
16	Enter the loss, if any, from line 16 of Schedule D (Form 1040). (Estates and trusts, enter the loss, if any, from line 15, column (3), of Schedule D (Form 1041).) Enter as a positive number. If you do not have a loss on that line (and do not have a section 1202 exclusion), skip lines 16 through 21 and enter on line 22 the amount from line 15	16	70,695.
17	Section 1202 exclusion. Enter as a positive number	17	
18	Subtract line 17 from line 16. If zero or less, enter -0-	18	70,695.
19	Enter the loss, if any, from line 21 of Schedule D (Form 1040). (Estates and trusts, enter the loss, if any, from line 16 of Schedule D (Form 1041).) Enter as a positive number	19	3,000.
20	If line 18 is more than line 19, enter the difference; otherwise, enter -0-	20	67,695.
21	If line 19 is more than line 18, enter the difference; otherwise, enter -0-	21	
22	Subtract line 20 from line 15. If zero or less, enter -0-	22	3,193.
23	Domestic production activities deduction from Form 1040, line 35, or Form 1040NR, line 33 (or included on Form 1041, line 15a).	23	
24	NOL deduction for losses from other years. Enter as a positive number	24	
25	NOL. Combine lines 1, 9, 17, and 21 through 24. If the result is less than zero, enter it here and on page 1, line 1a. If the result is zero or more, you do not have an NOL	25	-2,037,649.

Form **1045** (2008)

SUPPLEMENT TO FORM 1045 PAGE 1

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OTHER CREDITS DETAIL 2ND PRECEDING YEAR - BEFORE CARRYBACK

FOREIGN TAX CREDIT 6.

TOTAL OTHER CREDITS 6.

=====

SUPPLEMENT TO FORM 1045 PAGE 1

=====

OTHER CREDITS DETAIL 1ST PRECEDING YEAR - AFTER CARRYBACK

CHILD TAX CREDIT	550.
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TOTAL OTHER CREDITS	-----
	550.
	=====

SUPPLEMENT TO FORM 1045 SCHEDULE A - NOL

NONBUSINESS DEDUCTIONS

IRA DEDUCTION

NONE

STUDENT LOAN INTEREST DEDUCTION

TUITION AND FEES DEDUCTION

MEDICAL SAVINGS ACCOUNT DEDUCTION

KEOGH RETIREMENT PLAN AND SEP DEDUCTION

ALIMONY PAID

ITEMIZED DEDUCTION

2,125,312.

LESS: CASUALTY AND THEFT LOSSES

2,070,627.

EMPLOYEE BUSINESS EXPENSES

TOTAL ITEMIZED DEDUCTIONS

54,685.

STANDARD DEDUCTION

OTHER NONBUSINESS DEDUCTIONS

TOTAL NONBUSINESS DEDUCTIONS

54,685.

SUPPLEMENT TO FORM 1045 SCHEDULE A - NOL

NONBUSINESS INCOME	
=====	
DIVIDEND INCOME	35,419.
INTEREST INCOME	1,305.
PENSION AND ANNUITY INCOME	NONE
OTHER NONBUSINESS INCOME	
STATE TAX REFUNDS	NONE

TOTAL NONBUSINESS INCOME	36,724.
	=====

SUPPLEMENT TO FORM 1045 SCHEDULE A - NOL AMT

NONBUSINESS DEDUCTIONS

IRA DEDUCTION		NONE
STUDENT LOAN INTEREST DEDUCTION		
TUITION AND FEES DEDUCTION		
MEDICAL SAVINGS ACCOUNT DEDUCTION		
KEOGH RETIREMENT PLAN AND SEP DEDUCTION		
ALIMONY PAID		
ITEMIZED DEDUCTION	2,084,234.	
LESS: CASUALTY AND THEFT LOSSES	2,070,627.	
EMPLOYEE BUSINESS EXPENSES		
TOTAL ITEMIZED DEDUCTIONS		13,607.
OTHER NONBUSINESS DEDUCTIONS		
TOTAL NONBUSINESS DEDUCTIONS		13,607.

SUPPLEMENT TO FORM 1045 SCHEDULE A - NOL AMT

NONBUSINESS INCOME - AMT
=====

DIVIDEND INCOME	35,419.
INTEREST INCOME	1,305.
PENSION AND ANNUITY INCOME	NONE
OTHER NONBUSINESS INCOME	
STATE TAX REFUNDS	NONE
TOTAL NONBUSINESS INCOME	----- 36,724. =====

AS FILED

Form 1040

Department of the Treasury - Internal Revenue Service

U.S. Individual Income Tax Return 2008

(99) IRS Use Only - Do not write or staple in this space.

Label

(See instructions on page 14.)

Use the IRS label. Otherwise, please print or type.

For the year Jan. 1-Dec. 31, 2008, or other tax year beginning , 2008, ending		OMB No. 1545-0074
Your first name and initial ANDREW	Last name COHEN	Your social security number [REDACTED]
If a joint return, spouse's first name and initial RITA	Last name COHEN	Spouse's social security number [REDACTED]
Home address (number and street). If you have a P.O. box, see page 14. 3750 JEFFERSON BOULEVARD		Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, see page 14. VIRGINIA BEACH VA 23455		You must enter your SSN(s) above. ▲
Presidential Election Campaign		Checking a box below will not change your tax or refund.

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 14) ▶

You Spouse

Filing Status

Check only one box.

- 1 ☐ Single
- 2 ☒ Married filing jointly (even if only one had income)
- 3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶
- 4 ☐ Head of household (with qualifying person). (See page 15.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
- 5 ☐ Qualifying widow(er) with dependent child (see page 16)

Exemptions

- 6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a
- b ☒ Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see page 17)	Boxes checked on 6a and 6b No. of children on 6c who:
CHLOE J.	COHEN	[REDACTED]	CHILD	X	lived with you 2
ORION K.	COHEN	[REDACTED]	CHILD	X	did not live with you due to divorce or separation (see page 18)

If more than four dependents, see page 17.

Dependents on 6c not entered above

d Total number of exemptions claimed Add numbers on lines above ▶ 4

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see page 21.

7	Wages, salaries, tips, etc. Attach Form(s) W-2	STMT 1	7	3,151.
8a	Taxable interest. Attach Schedule B if required		8a	1,305.
b	Tax-exempt interest. Do not include on line 8a	8b		
9a	Ordinary dividends. Attach Schedule B if required		9a	35,419.
b	Qualified dividends (see page 21).	STMT 1 9b 27,669.		
10	Taxable refunds, credits, or offsets of state and local income taxes (see page 22)	STMT 3	10	NONE
11	Alimony received		11	
12	Business income or (loss). Attach Schedule C or C-EZ		12	9,975.
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>		13	-3,000.
14	Other gains or (losses). Attach Form 4797		14	
15a	IRA distributions	15a	b Taxable amount (see page 23)	15b
16a	Pensions and annuities	16a 182,354.	b Taxable amount (see page 24)	16b NONE
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			17 -193.
18	Farm income or (loss). Attach Schedule F			18
19	Unemployment compensation			19
20a	Social security benefits	20a	b Taxable amount (see page 26)	20b
21	Other income. List type and amount (see page 28)			21
22	Add the amounts in the far right column for lines 7 through 21. This is your total income . . ▶		22	46,657.

Adjusted Gross Income

23	Educator expenses (see page 28)	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses. Attach Form 3903	26	
27	One-half of self-employment tax. Attach Schedule SE	27	808.
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction (see page 29)	29	2,523.
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid b Recipient's SSN ▶	31a	
32	IRA deduction (see page 30)	32	NONE
33	Student loan interest deduction (see page 33)	33	
34	Tuition and fees deduction. Attach Form 8917.	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 31a and 32 through 35	36	3,331.
37	Subtract line 36 from line 22. This is your adjusted gross income ▶	37	43,326.

STMT 4

Form 1040 (2008) ANDREW COHEN & RITA COHEN

095-62-6976 Page 2

Tax and Credits

38 Amount from line 37 (adjusted gross income) 38 43,326.

39a Check ☐ You were born before January 2, 1944, ☐ Blind. ☐ Total boxes checked ☐ 39a
if: ☐ Spouse was born before January 2, 1944, ☐ Blind. ☐ 39bb If your spouse itemizes on a separate return or you were a dual-status alien, see page 34 and check here ☐ 39cc Check if standard deduction includes real estate taxes or disaster loss (see page 34) ☐ 39c**Standard Deduction for -**

● People who checked any box on line 39a, 39b or 39c or who can be claimed as a dependent, see page 34.

● All others:

Single or Married filing separately, \$5,450

Married filing jointly or Qualifying widow(er), \$10,900

Head of household, \$8,000

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40 2,125,312.

41 Subtract line 40 from line 38 41 -2,081,986.

42 If line 38 is over \$119,975 or you provided housing to a Midwestern displaced individual, see page 36. Otherwise, multiply \$3,500 by the total number of exemptions claimed on line 6d 42 14,000.

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43

44 Tax (see page 36). Check if any tax is from: a ☐ Form(s) 8814 b ☐ Form 4972 44 NONE

45 Alternative minimum tax (see page 39). Attach Form 6251 45 NONE

46 Add lines 44 and 45 46 NONE

47 Foreign tax credit. Attach Form 1116 if required 47 NONE

48 Credit for child and dependent care expenses. Attach Form 2441 48

49 Credit for the elderly or the disabled. Attach Schedule R 49

50 Education credits. Attach Form 8863 50

51 Retirement savings contributions credit. Attach Form 8880 51

52 Child tax credit (see page 42). Attach Form 8901 if required. 52 NONE

53 Credits from Form: a ☐ 8396 b ☐ 8839 c ☐ 5695 5354 Other credits from Form: a ☐ 3800 b ☐ 8801 c ☐ 54 NONE

55 Add lines 47 through 54. These are your total credits 55 NONE

56 Subtract line 55 from line 46. If line 55 is more than line 46, enter -0- 56 NONE

57 Self-employment tax. Attach Schedule SE 57 1,615.

58 Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8919 58

59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 59

60 Additional taxes: a ☐ AEIC payment b ☐ Household employment taxes. Attach Schedule H 60

61 Add lines 56 through 60. This is your total tax 61 1,615.

Other Taxes**Payments**

62 Federal income tax withheld from Forms W-2 and 1099 62

63 2008 estimated tax payments and amount applied from 2007 return 63 30,746.

64a Earned income credit (EIC) 64a

b Nontaxable combat pay election ☐ 64b

65 Excess social security and tier 1 RRTA tax withheld (see page 61) 65

66 Additional child tax credit. Attach Form 8812 66 573.

67 Amount paid with request for extension to file (see page 61) 67

68 Credits from Form: a ☐ 2439 b ☐ 4136 c ☐ 8801 d ☐ 8885 68

69 First-time homebuyer credit. Attach Form 5405 69

70 Recovery rebate credit (see worksheet on pages 62 and 63). 70 1,200.

71 Add lines 62 through 70. These are your total payments 71 32,519.

Refund

Direct deposit? See page 63 and fill in 73b, 73c, and 73d, or Form 8888.

72 If line 71 is more than line 61, subtract line 61 from line 71. This is the amount you overpaid 72 30,904.

73a Amount of line 72 you want refunded to you. If Form 8888 is attached, check here ☐ 73a 28,904.b Routing number ☐ c Type: ☐ Checking ☐ Savingsd Account number ☐

74 Amount of line 72 you want applied to your 2009 estimated tax 74 2,000.

Amount You Owe

75 Amount you owe. Subtract line 71 from line 61. For details on how to pay, see page 65 75

76 Estimated tax penalty (see page 65) 76

Third Party DesigneeDo you want to allow another person to discuss this return with the IRS (see page 66)? ☒ Yes. Complete the following. ☐ NoDesignee's name ☐ PREPARER Phone no. ☐ Personal identification number (PIN) ☐**Sign Here**

Joint return? See page 15. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature ☐ Date ☐ Your occupation ☐ Daytime phone number ☐Spouse's signature. If a joint return, both must sign. ☐ Date ☐ Spouse's occupation ☐Linguist ☐**Paid**Preparer's signature ☐Date ☐Check if self-employed ☐

Preparer's SSN or PTIN

P00559334

Preparer's Use Only

Firm's name (or yours if self-employed), address, and ZIP code

MCPHILLIPS, ROBERTS & DEANS, PLC

EIN ☐

150 BOUSH STREET, SUITE 1100

Phone no. 757-640-7190

NORFOLK

VA

23510

SCHEDULES A&B
(Form 1040)Department of the Treasury
Internal Revenue Service (99)**Schedule A - Itemized Deductions**

(Schedule B is on back)

OMB No. 1545-0074

2008Attachment
Sequence No. **07**▶ **Attach to Form 1040.** ▶ **See Instructions for Schedules A&B (Form 1040).**

Name(s) shown on Form 1040

ANDREW COHEN & RITA COHEN

Your social security number

**Medical
and
Dental
Expenses****Caution.** Do not include expenses reimbursed or paid by others.

1	Medical and dental expenses (see page A-1) <u>STMT 5</u>	1	9,726.
2	Enter amount from Form 1040, line 38 <u>2</u>		43,326.
3	Multiply line 2 by 7.5% (.075)	3	3,249.
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	6,477.

**Taxes You
Paid**(See
page A-2.)

5 State and local (check only one box):

- a ☒ Income taxes, or
b ☐ General sales taxes

6	Real estate taxes (see page A-5)	6	18,030.
7	Personal property taxes	7	303.
8	Other taxes. List type and amount <u>STMT 5</u>	8	900.
9	Add lines 5 through 8	9	30,250.

**Interest
You Paid**(See
page A-5.)

- 10 Home mortgage interest and points reported to you on Form 1098
11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-6 and show that person's name, identifying no., and address ▶

SEE STATEMENT 5**Note.**

Personal interest is not deductible.

- 12 Points not reported to you on Form 1098. See page A-6 for special rules
13 Qualified mortgage insurance premiums (see page A-6)
14 Investment interest. Attach Form 4952 if required. (See page A-6.)
15 Add lines 10 through 14

10	
11	2,906.
12	
13	
14	
15	2,906.

**Gifts to
Charity**

If you made a gift and got a benefit for it, see page A-7.

- 16 Gifts by cash or check. If you made any gift of \$250 or more, see page A-7. SEE STATEMENT 5
17 Other than by cash or check. If any gift of \$250 or more, see page A-8. You must attach Form 8283 if over \$500
18 Carryover from prior year
19 Add lines 16 through 18

16	1,468.
17	470.
18	
19	1,938.

STMT 6

**Casualty and
Theft Losses**

- 20 Casualty or theft loss(es). Attach Form 4684. (See page A-8.)

**Job Expenses
and Certain
Miscellaneous
Deductions**(See
page A-9.)

- 21 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-9.) ▶
22 Tax preparation fees
23 Other expenses - investment, safe deposit box, etc. List type and amount SEE STATEMENT 6
24 Add lines 21 through 23. Enter amount from Form 1040, line 38 25
25 Multiply line 24 by 2% (.02)
26 Subtract line 25 from line 24. If line 25 is more than line 24, enter -0-

21	
22	1,180.
23	9,432.
24	10,612.
25	867.
26	
27	9,745.

**Other
Miscellaneous
Deductions**

- 28 Other - from list on page A-10. List type and amount SEE STATEMENT 6

**Total
Itemized
Deductions**

- 29 Is Form 1040, line 38, over \$159,950 (over \$79,975 if married filing separately)?
☒ **No.** Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.
☐ **Yes.** Your deduction may be limited. See page A-10 for the amount to enter.
30 If you elect to itemize deductions even though they are less than your standard deduction, check here ☐

2,125,312.

Casualties and Thefts

Form

4684

Department of the Treasury
Internal Revenue Service

▶ See separate instructions.

▶ Attach to your tax return.

▶ Use a separate Form 4684 for each casualty or theft.

OMB No. 1545-0177

2008

Attachment
Sequence No. 26

Name(s) shown on tax return

Identifying number

ANDREW COHEN & RITA COHEN

SECTION A - Personal Use Property (Use this section to report casualties and thefts of property **not** used in a trade or business or for income-producing purposes.)

- 1 Description of properties (show type, location, and date acquired for each property). Use a separate line for each property lost or damaged from the same casualty or theft.

Property A _____

Property B _____

Property C _____

Property D _____

		Properties			
		A	B	C	D
2	Cost or other basis of each property	2			
3	Insurance or other reimbursement (whether or not you filed a claim) (see instructions)	3			
Note: If line 2 is more than line 3, skip line 4.					
4	Gain from casualty or theft. If line 3 is more than line 2, enter the difference here and skip lines 5 through 9 for that column. See instructions if line 3 includes insurance or other reimbursement you did not claim, or you received payment for your loss in a later tax year	4			
5	Fair market value before casualty or theft	5			
6	Fair market value after casualty or theft	6			
7	Subtract line 6 from line 5	7			
8	Enter the smaller of line 2 or line 7	8			
9	Subtract line 3 from line 8. If zero or less, enter -0-	9			
10	Casualty or theft loss. Add the amounts on line 9 in columns A through D	10			
11	Enter the smaller of line 10 or \$100. But if the loss arose in a Midwestern disaster area because of a specified major disaster, enter -0-. See the instructions for a list of specified major disasters	11			
12	Subtract line 11 from line 10	12			
Caution: Use only one Form 4684 for lines 13 through 24.					
13	Add the amounts on line 12 of all Forms 4684	13			
14	Add the amounts on line 4 of all Forms 4684	14			
15	<ul style="list-style-type: none"> • If line 14 is more than line 13, enter the difference here and on Schedule D. Do not complete the rest of this section (see instructions). • If line 14 is less than line 13, enter -0- here and go to line 16. • If line 14 is equal to line 13, enter -0- here. Do not complete the rest of this section. 	15			
16	If line 14 is less than line 13, enter the difference	16			
17	Add the amounts on line 12 of all Forms 4684 on which you entered a loss attributable to a federally declared disaster	17			
18a	Is line 17 more than line 14? <input type="checkbox"/> Yes. Enter the difference. If you are filing Schedule A (Form 1040), go to line 19. Otherwise, enter this amount on line 6 of the <i>Standard Deduction Worksheet - Line 40</i> in the Form 1040 instructions. Also, check the box on line 39c of Form 1040. If your standard deduction also includes the deduction for state or local real estate taxes, go to line 18b. Otherwise, do not complete the rest of Section A. Form 1040NR filers, see instructions. <input type="checkbox"/> No. Enter -0-. If you claim the standard deduction, do not complete the rest of Section A	18a			
b	If your standard deduction includes the deduction for state or local real estate taxes, check this box and do not complete the rest of Section A <input type="checkbox"/>				
19	Subtract line 18a from line 16	19			
20	Add the amounts on line 12 of all Forms 4684 on which you entered -0- on line 11	20			
21	Is line 20 less than line 19? <input type="checkbox"/> No. Enter the amount from line 16 on Schedule A (Form 1040), line 20, or Form 1040NR, Schedule A, line 8. Estates and trusts enter the amount from line 16 on the "Other deductions" line of your tax return. Do not complete the rest of Section A. <input type="checkbox"/> Yes. Subtract line 20 from line 19	21			
22	Enter 10% of your adjusted gross income from Form 1040, line 38, or Form 1040NR, line 36. Estates and trusts, see instructions	22			
23	Subtract line 22 from line 21. If zero or less, enter -0-	23			
24	Add lines 18a, 20, and 23. Also enter the result on Schedule A (Form 1040), line 20, or Form 1040NR, Schedule A, line 8. Estates and trusts, enter the result on the "Other deductions" line of your tax return	24			

For Paperwork Reduction Act Notice, see page 5 of the instructions.

Form 4684 (2008)

Name(s) shown on tax return. Do not enter name and identifying number if shown on other side.

Identifying number

ANDREW COHEN & RITA COHEN

SECTION B - Business and Income-Producing Property**Part I Casualty or Theft Gain or Loss** (Use a separate Part I for each casualty or theft.)**25** Description of properties (show type, location, and date acquired for each property). Use a separate line for each property lost or damaged from the same casualty or theft.

Property A _____

Property B _____

Property C _____

Property D _____

		Properties			
		A	B	C	D
26	Cost or adjusted basis of each property.				
27	Insurance or other reimbursement (whether or not you filed a claim). See the instructions for line 3. Note: If line 26 is more than line 27, skip line 28.				
28	Gain from casualty or theft. If line 27 is more than line 26, enter the difference here and on line 35 or line 40, column (c), except as provided in the instructions for line 39. Also, skip lines 29 through 33 for that column. See the instructions for line 4 if line 27 includes insurance or other reimbursement you did not claim, or you received payment for your loss in a later tax year.				
29	Fair market value before casualty or theft.				
30	Fair market value after casualty or theft.				
31	Subtract line 30 from line 29.				
32	Enter the smaller of line 26 or line 31. Note: If the property was totally destroyed by casualty or lost from theft, enter on line 32 the amount from line 26.				
33	Subtract line 27 from line 32. If zero or less, enter -0-				
34	Casualty or theft loss. Add the amounts on line 33. Enter the total here and on line 35 or line 40 (see instructions).				2,070,627.

Part II Summary of Gains and Losses (from separate Parts I)

(a) Identify casualty or theft	(b) Losses from casualties or thefts		(c) Gains from casualties or thefts includible in income
	(i) Trade, business, rental or royalty property	(ii) Income-producing and employee property	
Casualty or Theft of Property Held One Year or Less			
35	()	()	
36	Totals. Add the amounts on line 35.	()	()
37	Combine line 36, columns (b)(i) and (c). Enter the net gain or (loss) here and on Form 4797, line 14. If Form 4797 is not otherwise required, see instructions.		
38	Enter the amount from line 36, column (b)(ii) here. Individuals, enter the amount from income-producing property on Schedule A (Form 1040), line 28, or Form 1040NR, Schedule A, line 16, and enter the amount from property used as an employee on Schedule A (Form 1040), line 23, or Form 1040NR, Schedule A, line 11. Estates and trusts, partnerships, and S corporations, see instructions.		

Casualty or Theft of Property Held More Than One Year

39	Casualty or theft gains from Form 4797, line 32.		
40	MADOFF PONZI SCHEME	()	(2,070,627.)
41	Total losses. Add amounts on line 40, columns (b)(i) and (b)(ii).	()	(2,070,627.)
42	Total gains. Add lines 39 and 40, column (c).		
43	Add amounts on line 41, columns (b)(i) and (b)(ii).		2,070,627.
44a	a Combine line 41, column (b)(i) and line 42, and enter the net gain or (loss) here. Partnerships (except electing large partnerships) and S corporations, see the note below. All others, enter this amount on Form 4797, line 14. If Form 4797 is not otherwise required, see instructions.		
44b	b Enter the amount from line 41, column (b)(ii) here. Individuals, enter the amount from income-producing property on Schedule A (Form 1040), line 28, or Form 1040NR, Schedule A, line 16, and enter the amount from property used as an employee on Schedule A (Form 1040), line 23, or Form 1040NR, Schedule A, line 11. Estates and trusts, enter on the "Other deductions" line of your tax return. Partnerships (except electing large partnerships) and S corporations, see the note below. Electing large partnerships, enter on Form 1065-B, Part II, line 11.		2,070,627.
45	If the loss on line 43 is less than or equal to the gain on line 42, combine lines 42 and 43 and enter here. Partnerships (except electing large partnerships), see the note below. All others, enter this amount on Form 4797, line 3. Note: Partnerships, enter the amount from line 44a, 44b, or line 45 on Form 1065, Schedule K, line 11. S corporations, enter the amount from line 44a or 44b on Form 1120S, Schedule K, line 10.		

FEDERAL FOOTNOTES

=====

IN 2008, THE TAXPAYERS EXPERIENCED A THEFT LOSS FROM THE BERNARD MADOFF
PONZI SCHEME IN THE AMOUNT OF \$2,070,627, WHICH WAS CLAIMED AS A
MISCELLANEOUS ITEMIZED DEDUCTION COMING THROUGH FORM 4684, CASUALTIES AND
THEFTS.
THE TAXPAYERS UTILIZED REVENUE PROCEDURE 2009-20.
THE ATTACHED APPLICATION FOR TENTATIVE REFUND CARRIES BACK THE EXCESS LOSS
TO
THE FIFTH EARLIEST YEAR FIRST AND FORWARD THROUGH 2007.
THE TAXPAYERS HAVE BEEN INFORMED BY THE TRUSTEE THAT THEY WILL NOT BE
RECEIVING ANY RECOVERY OF THEIR THEFT LOSS.



ANDREW COHEN & RITA COHEN
INSTRUCTIONS FOR FILING FORM
760

2006 VIRGINIA RESIDENT INCOME TAX RETURN

SIGNATURE..

THE AMENDED RETURN SHOULD BE SIGNED (USE FULL NAME) AND DATED ON
PAGE 2 BY THE TAXPAYER AND SPOUSE.

OVERPAYMENT..

YOUR RETURN SHOWS A \$5,326. OVERPAYMENT. OF THIS AMOUNT, \$5,326. WILL
BE REFUNDED TO YOU.

FILING..

FILE YOUR SIGNED RETURN BY NOVEMBER 1, 2007 WITH:

DEPARTMENT OF TAXATION
P.O. BOX 760
RICHMOND, VIRGINIA 23218-0760

MAILING..

YOUR RETURN SHOULD BE MAILED BY EITHER REGISTERED OR CERTIFIED
MAIL, WITH THE SENDER'S RECEIPT POSTMARKED TO PROVE MAILING BEFORE
THE DUE DATE.

2006 VA760CG - Tax Year
Individual Income Tax Return

(Part Two) Pg 23 of 49



ANDREW COHEN
RITA COHEN
3750 JEFFERSON BOULEVARD

VIRGINIA BEACH VA 23455

Filing Status: 2 Federal Earned Income Credit Head of Household:

Exemptions Dependents Total 65 and over Blind Total

Yourself 1 2 4
Spouse 1

Vendor ID: 1062W 1062

Name or Filing Change:

Accelerated Refund:

X

Address Change:

Amended:

X

NOL:

X

Virginia Return Not Filed Last Year:

Locality:

810

Your SSN

COHE

000000000

Spouse's SSN

COHE

1. Fed Adj Gross Income 1. -1584899.

16a. Your VAGI 16a. -1757943.

2. Additions, see pg 2, line 3 2. 7.

16b. Spouse's VAGI 16b. 163418.

3. Subtotal -1584892.

17. Net Tax 17.

4a. Age Deduction - You 4a.

18a. Your Withholding 18a.

4b. Age Deduction - Spouse 4b.

18b. Spouse's Withholding 18b. 57.

5. Soc Sec & Tier 1 Railroad 5.

19. Estimated Payments 19. 9000.

6. State Inc Tax Overpayment 6. 5633.

20. Extension Payments 20.

7. Other Subtractions, see pg 2, line 7 7. 4000.

21. Credit for Low Income 21.

8. Subtotal Subtractions 8. 9633.

22. Credit tax paid another state 22.

9. Total VAGI -1594525.

23. Other Credits 23.

10a. Federal Sch. A Itemized Deductions 10a. 80699.

24. Total Payments /Credits 24. 9057.

10b. State/Local Income Tax 10b. 13430.

25. Tax you Owe 25.

10. Deductions 10. 67269.

26. Overpayment Amount 26.

11. Exemptions 11. 3600.

27. Amount to Credit to Next Year's Tax 27.

12. Child/Dependent Care 12.

28. Adjustments/Contributions 28.

13. Subtotal 13. 70869.

Amount You Owe:

Paid by Credit Card

14. VA Taxable Income 14. NONE

Refund:

15. Tax Amt. 15.

Bank Routing Number

16. Spouse Tax Adjustment 16.

Bank Account Number

1062
685611 2.000

Office Use: TP FC QX TA NO TD

92084X 2YVG 09/03/2009 09:44:10 V06-8.1 7444 AMENDED

VA760CG

Page 2 - Year 2006

ANDREW

COHEN

000000000



ADDITIONAL FILING INFORMATION

Farming/Fishing, Coalfield
Merchant Seaman: Enhancement

Taxpayer Fixed Date
Deceased: Conformity:

Dependent on Overseas
another's return: when due:

Preparer Info

Phone
You

7574608625

Spouse

Spouse's Name - Filing Status 3 Only

Tax Credit for Low Income Individuals
or VA Earned Income Credit

8. Exemption Information Social Security Number VAGI

a.
b.
c.
d.

g. Total Family VAGI 8g. ●

9. Total Exemptions 9. ●

11. Form 760 exemptions
multiplied by \$300 11.

11a. Federal Earned Income Credit 11a. ●

11b. Multiply Line 11 by 20% (.20) 11b.

11c. Greater of Line 11 or Line 11b 11c.

12. Credit (Lesser of Line 11c
above or Page 1, Line 17) 12.

Additions - SCH ADJ/CG - Part 1

1. Interest on obligations
of other state 1.
2. Other Additions: 7.
a. Fixed Date Conformity 2a.

3. Total Additions: 3. 7.

Subtractions

4. Income from obligations
or securities of the U.S. 4.
5. Disability Income
reported as wages 5.
6. Other:
a. Fixed Date Conformity 6a.
00 6b. 4000.
6c.
6d.

7. Total Subtractions: 4000.

AGE DEDUCTION DETAILS

You

Spouse

Dept of Taxation can discuss
my return with my preparer.

X

Preparer Phone Number

7576407190

I (We), the undersigned, declare under penalty of law that I (we) have examined this
return and to the best of my (our) knowledge, it is a true, correct and complete return.

Preparer
Signature

R. Paul Speer, CPA

Date

9/3/09

Your Signature

Date

Spouse's Signature

Date

File by May 1, 2007

6B5612 3.000 1062

MCPHILLIPS, ROBERTS & DEANS, PLC
150 BOUSH STREET, SUITE 1100
NORFOLK, VA 23510



ANDREW

COHEN

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Credit for Tax Paid to Another State**25. Other Voluntary Contributions**

Border State Rule

25a.

13a. Enter the filing status claimed on the
other state's tax return. 13a.

25b.

13b. Enter the number below to identify the
person claiming the credit
1. You 2. Spouse 3. Joint 13b.**School Foundation Contributions**

25c.

25d.

13. Qualifying taxable income on which
the other state's tax is based 13.**26. Total Adjustments**

14. Virginia Taxable Income 14.

Amended Returns

15. Qualifying tax owed to the other state 15.

a. Name of state: 15a.

27. Amount paid with original
return, plus additional tax
paid after it was filed 27.

16. Virginia Income Tax 16.

28. Add line 27 from above
and line 24 from Form 760,
enter here 28. 9057.

17. Income percentage 17.

29. Overpayment, if any, as
shown on original return
or as previously adjusted 29. 3731.18. Virginia Income Tax multiplied
by Income percentage 18.

19. Credit Allowed 19.

30. Subtract line 29 from line 28 30. 5326.

Adjustments to Amount of Tax

31. Tax You Owe 31.

20. Addition to Tax 20.
a. Addition from Form 760C

32. Tax You Overpaid 32. 5326.

b. Addition from Form 760F

**Credit for Political Contributions
From Part XXIII, of Schedule CR**21. Penalty 21.
a. Late Filing/Payment
Penalty
b. Extension Penalty105. Enter 50% of the amount of eligible
political contributions 105.

106. Credit allowable this year 106.

22. Interest 22.

If the Credit for Political Contributions is the **ONLY**
credit claimed on Schedule CR, you are not required
to send the Schedule CR with your return.

23. Consumer's Use Tax 23.

24. Voluntary Contributions
from overpaid taxes

24a.

24b.

AVOID DELAYS. If this schedule contains information always submit with your return.

2006 Virginia Schedule FED

ANDREW COHEN
RITA COHEN
3750 JEFFERSON BOULEVARD



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VIRGINIA BEACH

VA 23455

810

SCHEDULE C, SCHEDULE C-EZ and/or SCHEDULE F INFORMATION

1. Schedule Name	First Schedule Info.	C	Second Schedule Info.	C
2. Gross Receipts or Sales	3500.			
3. Depreciation / expense deduction				
4. Business Activity Code	711510		236100	
5. Business Locality Code				
6. Car and truck expenses	1982.			
7. Inventory at end of year				
8. Number of miles you used your vehicle for: Business	4455			
9. Number of miles you used your vehicle for: Commuting	NONE			
10. Number of miles you used your vehicle for: Other	11545			

SCHEDULE 2106 and/or SCHEDULE 2106-EZ INFORMATION

11. Number of miles you used your vehicle for: Business	4455
12. Number of miles you used your vehicle for: Commuting	NONE
13. Number of miles you used your vehicle for: Other	11545
14. Percent of business use of vehicle: Vehicle 1	2784
15. Percent of business use of vehicle: Vehicle 2	

SCHEDULE 4562 INFORMATION

16. Property Used more than 50% in a qualified business use: Type of property	
17. Date placed in service	
18. Business/investment use percentage	
19. Cost or other basis	
20. Depreciation deduction	
21. Elected section 179 cost	
22. Business Locality Code	

Report all W2's and 1099's with Virginia Withholding



ANDREW COHEN

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RITA COHEN

Your/ Spouse SSN	You/ Spouse	Virginia Withholding	Employer FEIN	Virginia Account Number	Virginia Wages, tips, other comp.
000000000	1				10176.

Total Virginia Withholding:

SSN

VA Withholding

YOU

000000000

SPOUSE

57.

TOTAL NUMBER OF W2'S AND 1099'S

02

AVOID DELAYS in processing your return! Be sure to enter all information including Employer's FEIN.

**2006
Schedule CR**CREDIT COMPUTATION SCHEDULE - See Page 6 for required attachments.
Attach this to your return. See instructions for other required attachments.

ANDREW COHEN & RITA COHEN

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PART I - MAXIMUM NONREFUNDABLE CREDITS

- 1 Enter the total tax computed on your return less the total of Spouse Tax Adjustment, Credit for Low Income Individuals or VA Earned Income Credit and Credit for Tax Paid to Another State. The maximum nonrefundable credits allowable on line 107 of Schedule CR may not exceed this amount. 1

PART II - ENTERPRISE ZONE ACT CREDIT

- 2 Credit allowable this year from Form 301 (attach Form 301) 2

PART III - NEIGHBORHOOD ASSISTANCE ACT CREDIT

- 3 Authorized amount of Neighborhood Assistance Act Credit 3 _____
4 Carryover credit from prior year(s) [attach computation] 4 _____
5 Add line 3 and line 4 5 _____

- 6 Credit allowable this year: Line 5 or balance of maximum credit available, whichever is less 6

- 7 Carryover credit to next year: Line 5 less line 6 (applicable only if within 5 year carryover period) 7 _____

PART IV - RECYCLABLE MATERIALS PROCESSING EQUIPMENT CREDIT

- 8 Enter 10% of qualifying recyclable equipment cost 8 _____

- 9 Carryover credit from prior year(s) [attach computation] 9 _____

- 10 Add line 8 and line 9 10 _____

- 11 Enter 40% of tax per return 11 _____

- 12 Maximum recyclable materials processing equipment credit. Line 9 or line 11, whichever is less 12 _____

- 13 Credit allowable this year: Line 12 or balance of maximum credit available, whichever is less 13

- 14 Carryover credit to next year: Line 9 less line 13 (applicable only if within 10 year carryover period). 14 _____

PART V - CONSERVATION TILLAGE EQUIPMENT CREDIT

- 15 Enter 25% of qualifying property cost or \$4,000, whichever is less . . 15 _____

- 16 Carryover credit from prior year(s) [attach computation] 16 _____

- 17 Add line 15 and line 16 17 _____

- 18 Credit allowable this year: Line 17 or balance of maximum credit available, whichever is less 18

- 19 Carryover credit to next year: Line 17 less line 18 (applicable only if within 5 year carryover period) 19 _____

PART VI - FERTILIZER AND PESTICIDE APPLICATION EQUIPMENT CREDIT

- 20 Enter 25% of current qualifying equipment cost or \$3,750, whichever is less 20 _____

- 21 Carryover credit from prior year(s) [attach computation] 21 _____

- 22 Add line 20 and line 21 22 _____

- 23 Credit allowable this year: Line 22 or balance of maximum credit available, whichever is less 23

- 24 Carryover credit to next year: Line 22 less line 23 (applicable only if within 5 year carryover period) 24 _____

PART VII - RENT REDUCTION PROGRAM CREDIT

- 25 Enter 50% of qualifying rent reductions 25 _____

- 26 Carryover credit from prior year(s) [attach computation] 26 _____

- 27 Add line 25 and line 26 27 _____

- 28 Credit allowable this year: Line 27 or balance of maximum credit available, whichever is less 28

- 29 Carryover credit to next year: line 27 less line 28 (applicable only if within 5 year carryover period) 29 _____

Schedule CR (2006) page 2

See Page 6 for required attachments.



ANDREW COHEN & RITA COHEN

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PART VIII - CLEAN-FUEL VEHICLE AND VEHICLE EMISSIONS TESTING EQUIPMENT**Clean-fuel vehicle and qualified electric vehicle credit**30a **NO LONGER APPLICABLE**30a XXXXXX30b **Qualifying Electric Vehicle** - Enter 10% of the cost used to
compute the credit under IRC § 30 for qualified electric vehicles . . . 30b _____30c **NO LONGER APPLICABLE**30c XXXXXX

31 Carryover credit from prior year(s) [attach computation] 31 _____
32 Add lines 30b and 31 32 _____
33 Line 32 or balance of maximum credit available, whichever is less 33 _____
34 Carryover credit to next year: Line 32 less line 33 (applicable only
if within 5 year carryover period) 34 _____

Vehicle emissions testing equipment credit

35 Enter 20% of the purchase or lease price paid during the year for
qualified vehicle emissions testing equipment 35 _____
36 Carryover credit from prior year(s) [attach computation] 36 _____
37 Add line 35 and line 36 37 _____
38 Enter the amount from line 37 or the balance of maximum credit
available, whichever is less 38 _____
39 Carryover credit to next year: Line 37 less line 38 (only if within
5 year carryover period) 39 _____

PART IX - MAJOR BUSINESS FACILITY JOB TAX CREDIT

40a **Credit authorized by the Department of Taxation** 40a _____
40 **Credit allowable this year:** Line 40a or the balance of the maximum
credit available, whichever is less 40 _____
41 Carryover credit to next year. Compute on Form 304 if within the 10 year
carryover period (Line 40 less Line 40a) 41 _____

PART X - FOREIGN SOURCE RETIREMENT INCOME TAX CREDIT

42 Qualifying taxable income on which the tax in the foreign
country is based 42 _____
43 Virginia taxable income.
See instructions 43 NONE
44 Qualifying tax paid to the foreign country.
Enter name of country: 44 _____
45 Virginia income tax. See instructions 45 _____
46 Income percentage. Divide line 42 by line 43. Compute to one decimal
place, not to exceed 100%. For example, 0.3163 becomes 31.6% . . . 46 NONE
47 Multiply line 45 by line 46 47 NONE
48 **Credit allowable this year:** Enter the lesser of line 44 or line 47,
not to exceed the balance of maximum credit available 48 _____

PART XI - HISTORIC REHABILITATION TAX CREDIT

49 Enter the amount of eligible expenses (attach certificate) 49 _____
50 Multiply the amount on line 49 by 25% 50 _____
51 Carryover credit from prior year(s) [attach computation] 51 _____
52 Add line 50 and line 51 52 _____
53 **Credit allowable this year:** Enter the amount from line 52 or the
balance of maximum credit available, whichever is less 53 _____
54 Carryover credit to next year: Line 52 less
line 53. (10 year carryover period) 54 _____

Schedule CR (2006) page 3

See Page 6 for required attachments.



ANDREW COHEN & RITA COHEN

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PART XII - DAY-CARE FACILITY INVESTMENT TAX CREDIT

55 Enter 25% of eligible expenses, not to exceed \$25,000 55 _____

56 Carryover credit from prior year(s) [attach computation] 56 _____

57 Add line 55 and line 56 57 _____

58 **Credit allowable this year:** Enter the amount from line 57 or the balance of maximum credit available, whichever is less 58 _____

59 Carryover credit to next year: Line 57 less line 58. (3 year carryover period. See instructions for limitations) 59 _____

PART XIII - LOW-INCOME HOUSING CREDIT

60 Enter allowable credit (attach certification form) 60 _____

60a Carryover credit from prior year(s) [attach computation] 60a _____

60b Add line 60 and line 60a 60b _____

61 **Credit allowable this year:** Enter amount from line 60b or the balance of maximum credit available, whichever is less 61 _____

62 Carryover credit to next year: Line 60b less line 61 (5 year carryover period) 62 _____

PART XIV - AGRICULTURAL BEST MANAGEMENT PRACTICES TAX CREDIT

63 Enter 25% of qualified expenditures, not to exceed \$17,500 (attach certificate) 63 _____

64 Carryover credit from prior year(s) [attach computation] 64 _____

65 Add line 63 and line 64 65 _____

66 **Credit allowable this year:** Enter amount from line 65 or the balance of maximum credit available, whichever is less 66 _____

67 Carryover credit to next year: Line 65 less line 66. (5 year carryover period.) 67 _____

PART XV - QUALIFIED EQUITY AND SUBORDINATED DEBT INVESTMENTS TAX CREDIT

68 Enter the amount of qualified equity and subordinated debt investments tax credit authorized by the Virginia Department of Taxation 68 _____

69 Carryover credit from prior year(s) [attach computation] 69 _____

70 Add line 68 and line 69 70 _____

71 **Credit allowable this year:** Enter the amount on line 70 or the balance of maximum credit available, whichever is less 71 _____

72 Carryover credit for 2007: Line 70 less line 71 (15 year carryover period) 72 _____

PART XVI - WORKER RETRAINING TAX CREDIT

73 Enter amount of worker retraining tax credit authorized by the Virginia Department of Taxation. 73 _____

74 Carryover credit from prior year(s) [attach computation] 74 _____

75 Add line 73 and line 74 75 _____

76 **Credit allowable this year:** Enter the amount from line 75 or the balance of maximum credit available, whichever is less 76 _____

77 Carryover credit to next year: Line 75 less line 76 (3 year carryover period) 77 _____

PART XVII - WASTE MOTOR OIL BURNING EQUIPMENT CREDIT

78 Enter 50% of the purchase price paid during the taxable year for equipment used exclusively for burning waste motor oil at your facility 78 _____

79 **Credit allowable this year:** Enter the amount from line 78, up to \$5,000 not to exceed balance of maximum credit available 79 _____

Schedule CR (2006) page 4

See Page 6 for required attachments.



ANDREW COHEN & RITA COHEN

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PART XVIII - CREDIT FOR PURCHASE OF LONG-TERM CARE INSURANCE

80 Enter the amount premium paid in 2006 80 _____ Date policy issued
(must be on or after 1/01/2006)
80a Multiply line 80 by 15% (.15) 80a _____ You - 2006
81 Enter carryover from prior year(s) [attach computation] **NOT VALID UNTIL 2007** Spouse - 2006
82 Add lines 80a and 81 82 _____
83 **Credit allowable this year:** Enter the amount on Line 82 or balance
of maximum credit available, whichever is less 83
84 Carryover credit to next year: Line 82 less Line 83
(5 year carryover period) 84 _____

PART XIX - CREDIT EXPIRED - SPACE RESERVED FOR FUTURE USE

85 Reserved 85 _____
86 Reserved 86 _____
87 Reserved 87 _____
88 Reserved 88
89 Reserved 89 _____

PART XX - HOME ACCESSIBILITY FEATURES FOR THE DISABLED TAX CREDIT

90 Enter the amount of the Home Accessibility Features for the Disabled
tax credit authorized by the Virginia Department of Taxation 90 _____
91 Carryover credit from prior year(s) [attach computation] 91 _____
92 Add line 90 and line 91 92 _____
93 **Credit allowable this year:** Enter the amount on line 92
or the balance of maximum credit available, whichever is less 93
94 Carryover credit to next year: line 92 less line 93
(5 year carryover period) 94 _____

PART XXI - RIPARIAN WATERWAY BUFFER CREDIT

95 Enter the amount of Riparian Waterway Buffer tax credit
authorized by the Virginia Department of Forestry (attach
certification) 95 _____
96 Carryover credit from prior year(s) [attach computation] 96 _____
97 Add line 95 and line 96 97 _____
98 **Credit allowable this year:** Enter the amount on line 97
or the balance of maximum credit available, whichever is less 98
99 Carryover credit to next year: Line 97 less line 98
(5 year carryover period) 99 _____

PART XXII - LAND PRESERVATION TAX CREDIT

100 Enter the credit amount originating in 2006 or the amount of
credit transferred to you in 2006 100 20000.
101 Carryover credit from prior year(s) [attach computation] 101
101a Add line 100 and line 101 101a 20000.
101b Enter total credit transferred to others in 2006 101b
102 Subtract line 101b from line 101a 102 20000.
103 **Credit allowable this year:** Enter the amount from line 102
or the balance of maximum credit available, whichever is less.
Each credit holder cannot claim more than \$100,000 per credit. 103
104 Carryover credit to next year: line 102 less line 103
(5 year carryover period) 104 20000.

Schedule CR (2006) page 5

See Page 6 for required attachments.



ANDREW COHEN & RITA COHEN

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PART XXIII - POLITICAL CONTRIBUTIONS CREDIT

105 Enter 50% of the amount of eligible political contributions. Credit is limited to \$25 for individuals or \$50 for married filing jointly . 105

106 **Credit allowable this year:** Enter the amount on line 105 or the balance of maximum credit available, whichever is less 106

PART XXIV - TOTAL NONREFUNDABLE CREDITS

107 Add lines 2, 6, 13, 18, 23, 28, 33, 38, 40, 48, 53, 58, 61, 66, 71, 76, 79, 83, 93, 98, 103, and 106. If you have claimed more than the maximum allowed nonrefundable credits, see instructions. 107

PART XXV - VIRGINIA COAL EMPLOYMENT AND PRODUCTION INCENTIVE and COALFIELD EMPLOYMENT ENHANCEMENT TAX CREDITS

108 100% Coalfield Employment Enhancement and/or Virginia Coal Employment and Production Incentive Tax Credits from Line 1 of your 2006 Schedule 306B 108

108a 50% Coalfield Employment Enhancement Tax Credit from line 2 of your 2006 Schedule 306B 108a

109 Full credit: Enter amount from your 2006 Form 306, line 12a 109

109a Full credit: Enter amount from your 2006 Form 306, line 12b 109a

110 85% Credit: Enter amount from your 2006 Form 306, Line 13a 110

110a 90% Coalfield Credit: Enter amount from your 2006 Form 306, Line 13b 110a

111 Total Coal Related Tax Credits allowable this year: Add lines 109, 109a, 110 and 110a 111

112 2006 Coalfield Employment Enhancement Tax Credit earned to be used when completing your 2009 return: Enter the amount from your 2006 Form 306, line 11 112

PART XXVI - TOTAL REFUNDABLE CREDITS

113 Refundable real property enterprise zone act credit from Form 301 113

114 Refundable total Coalfield Employment Enhancement and/or Virginia Coal Employment and Production Incentive Tax Credits from Line 111 114

115 Enter the total of line 113 and line 114 115

PART XXVII - TOTAL CURRENT YEAR CREDITS

116 Total credits allowable this year. Enter the total of line 107 and line 115 here and on line 23 of form 760, line 18g of form 760PY or line 19g of form 763 116

Form 1040X

Amended U.S. Individual Income Tax Return

OMB No. 1545-0074

(Rev. February 2007)

See separate instructions.

This return is for calendar year 2006, or fiscal year ended

Please print or type	Your first name and initial ANDREW	Last name COHEN	Your social security number
	If a joint return, spouse's first name and initial RITA	Last name COHEN	Spouse's social security number
	Home address (no. and street) or P.O. box if mail is not delivered to your home 3750 JEFFERSON BOULEVARD		Apt. no. Phone number
	City, town or post office, state, and ZIP code. If you have a foreign address, see page 3 of the instructions. VIRGINIA BEACH VA 23455		

A If the address shown above is different from that shown on your last return filed with the IRS, would you like us to change it in our records? ☐ Yes ☐ No

B Filing status. Be sure to complete this line. **Note.** You cannot change from joint to separate returns after the due date.

On original return ☐ Single ☒ Married filing jointly ☐ Married filing separately ☐ Head of household ☐ Qualifying widow(er)
On this return ☐ Single ☒ Married filing jointly ☐ Married filing separately ☐ Head of household* ☐ Qualifying widow(er)

* If the qualifying person is a child but not your dependent, see page 3 of the instructions.

Use Part II on the back to explain any changes		A. Original amount or as previously adjusted (see page 3)	B. Net change - amount of increase or (decrease) - explain in Part II	C. Correct amount
Income and Deductions (see instructions)				
1	Adjusted gross income (see page 3)	475,933.	-2,060,832.	-1,584,899.
2	Itemized deductions or standard deduction (see page 3)	23,823.	25,178.	49,001.
3	Subtract line 2 from line 1	452,110.	-2,086,010.	-1,633,900.
4	Exemptions. If changing, fill in Parts I and II on the back (see page 4)	4,400.	8,800.	13,200.
5	Taxable income. Subtract line 4 from line 3.	447,710.	-2,094,810.	-1,647,100.
Tax Liability	6 Tax (see page 5). Method used in col. C TABLES	125,084.	-7,818.	117,266.
	7 Credits (see page 5)	6.	1,994.	2,000.
	8 Subtract line 7 from line 6. Enter the result but not less than zero	125,078.	-9,812.	115,266.
	9 Other taxes (see page 5)			
10	Total tax. Add lines 8 and 9	125,078.	-9,812.	115,266.
Payments	11 Federal income tax withheld and excess social security and tier 1 RRTA tax withheld. If changing, see page 5	77.		77.
	12 Estimated tax payments, including amount applied from prior year's return	93,000.		93,000.
	13 Earned income credit (EIC)			
	14 Additional child tax credit from Form 8812			
	15 Credits: Federal telephone excise tax or from Forms 2439, 4136, or 8885	60.		60.
	16 Amount paid with request for extension of time to file (see page 5)			
	17 Amount of tax paid with original return plus additional tax paid after it was filed			31,941.
	18 Total payments. Add lines 11 through 17 in column C			125,078.
Refund or Amount You Owe				
19	Overpayment, if any, as shown on original return or as previously adjusted by the IRS			
20	Subtract line 19 from line 18 (see page 6)			125,078.
21	Amount you owe. If line 10, column C, is more than line 20, enter the difference and see page 6			
22	If line 10, column C, is less than line 20, enter the difference			9,812.
23	Amount of line 22 you want refunded to you			9,812.
24	Amount of line 22 you want applied to your estimated tax	24		

Sign Here Under penalties of perjury, I declare that I have filed an original return and that I have examined this amended return, including accompanying schedules and statements, and to the best of my knowledge and belief, this amended return is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

Joint return? See page 2. Keep a copy for your records. ☐ Your signature Date ☐ Spouse's signature. If a joint return, both must sign. Date

Paid Preparer's signature Date Check if self-employed ☐ Preparer's SSN or PTIN **P00559334**

Preparer's Use Only Firm's name (or yours if self-employed), address, and ZIP code **MCPHILLIPS, ROBERTS & DEANS, PLC** **150 BOUSH STREET, SUITE 1100** **NORFOLK VA 23510** EIN **[REDACTED]** Phone no. **757-640-7190**

Part I Exemptions. See Form 1040 or 1040A instructions.Complete this part **only** if you are:

- Increasing or decreasing the number of exemptions claimed on line 6d of the return you are amending, or
- Increasing or decreasing the exemption amount for housing individuals displaced by Hurricane Katrina.

	A. Original number of exemptions reported or as previously adjusted	B. Net change	C. Correct number of exemptions															
25 Yourself and spouse	25																	
Caution. If someone can claim you as a dependent, you cannot claim an exemption for yourself.																		
26 Your dependent children who lived with you	26																	
27 Your dependent children who did not live with you due to divorce or separation	27																	
28 Other dependents	28																	
29 Total number of exemptions. Add lines 25 through 28	29																	
30 Multiply the number of exemptions claimed on line 29 by the amount listed below for the tax year you are amending. Enter the result here and on line 4.																		
<table border="1"><thead><tr><th>Tax year</th><th>Exemption amount</th><th>But see the instructions for line 4 on page 3 if the amount on line 1 is over:</th></tr></thead><tbody><tr><td>2006</td><td>\$3,300</td><td>\$112,875</td></tr><tr><td>2005</td><td>3,200</td><td>109,475</td></tr><tr><td>2004</td><td>3,100</td><td>107,025</td></tr><tr><td>2003</td><td>3,050</td><td>104,625</td></tr></tbody></table>	Tax year	Exemption amount	But see the instructions for line 4 on page 3 if the amount on line 1 is over:	2006	\$3,300	\$112,875	2005	3,200	109,475	2004	3,100	107,025	2003	3,050	104,625	30		
Tax year	Exemption amount	But see the instructions for line 4 on page 3 if the amount on line 1 is over:																
2006	\$3,300	\$112,875																
2005	3,200	109,475																
2004	3,100	107,025																
2003	3,050	104,625																
31 If you are claiming an exemption amount for housing individuals displaced by Hurricane Katrina, enter the amount from Form 8914, line 2 for 2005 or line 6 for 2006 (see instructions for line 4)	31																	
32 Add lines 30 and 31. Enter the result here and on line 4	32	4,400.	8,800. 13,200.															

33 Dependents (children and other) not claimed on original (or adjusted) return:

(a) First name	Last name	(b) Dependent's social security number	(c) Dependent's relationship to you	(d) <input checked="" type="checkbox"/> If qualifying child for child tax credit (see page 6)

No. of children on 33 who:

• lived with you ☐

• did not live with you due to divorce or separation (see page 6) ☐

Dependents on 33 not entered above ☐

Part II Explanation of Changes

Enter the line number from the front of the form for each item you are changing and give the reason for each change. Attach only the supporting forms and schedules for the items changed. If you do not attach the required information, your Form 1040X may be returned. Be sure to include your name and social security number on any attachments.

If the change relates to a net operating loss carryback or a general business credit carryback, attach the schedule or form that shows the year in which the loss or credit occurred. See page 2 of the instructions. Also, check here ☐

TAXPAYER INCURRED A THEFT LOSS AND UNDER REV PROC 2009-20 CREATED A

NET OPERATING LOSS THAT IS BEING CARRIED BACK TO 2006 AND 2007 FOR

STATE INCOME TAX PURPOSES AND FIVE YEARS FOR FEDERAL TAX PURPOSES.

THIS 1040X IS PREPARED FOR VIRGINIA TAX PURPOSES.

Part III Presidential Election Campaign Fund. Checking below will not increase your tax or reduce your refund.

If you did not previously want \$3 to go to the fund but now want to, check here ☐

If a joint return and your spouse did not previously want \$3 to go to the fund but now wants to, check here ☐

Schedule A - NOL (see page 7 of the instructions)

1	Enter the amount from your 2008 Form 1040, line 41, or Form 1040NR, line 38, minus any amount on Form 8914, line 2. Estates and trusts, enter taxable income increased by the total of the charitable deduction, income distribution deduction, and exemption amount	1	-2081986.
2	Nonbusiness capital losses before limitation. Enter as a positive number	2	102,884.
3	Nonbusiness capital gains (without regard to any section 1202 exclusion)	3	31,996.
4	If line 2 is more than line 3, enter the difference; otherwise, enter -0-	4	70,888.
5	If line 3 is more than line 2, enter the difference; otherwise, enter -0-	5	
6	Nonbusiness deductions (see page 7 of the instructions).	6	54,685.
7	Nonbusiness income other than capital gains (see page 8 of the instructions).	7	36,724.
8	Add lines 5 and 7	8	36,724.
9	If line 6 is more than line 8, enter the difference; otherwise, enter -0-	9	17,961.
10	If line 8 is more than line 6, enter the difference; otherwise, enter -0-. But do not enter more than line 5	10	
11	Business capital losses before limitation. Enter as a positive number	11	
12	Business capital gains (without regard to any section 1202 exclusion)	12	193.
13	Add lines 10 and 12	13	193.
14	Subtract line 13 from line 11. If zero or less, enter -0-	14	
15	Add lines 4 and 14	15	70,888.
16	Enter the loss, if any, from line 16 of Schedule D (Form 1040). (Estates and trusts, enter the loss, if any, from line 15, column (3), of Schedule D (Form 1041).) Enter as a positive number. If you do not have a loss on that line (and do not have a section 1202 exclusion), skip lines 16 through 21 and enter on line 22 the amount from line 15	16	70,695.
17	Section 1202 exclusion. Enter as a positive number	17	
18	Subtract line 17 from line 16. If zero or less, enter -0-	18	70,695.
19	Enter the loss, if any, from line 21 of Schedule D (Form 1040). (Estates and trusts, enter the loss, if any, from line 16 of Schedule D (Form 1041).) Enter as a positive number	19	3,000.
20	If line 18 is more than line 19, enter the difference; otherwise, enter -0-	20	67,695.
21	If line 19 is more than line 18, enter the difference; otherwise, enter -0-	21	
22	Subtract line 20 from line 15. If zero or less, enter -0-	22	3,193.
23	Domestic production activities deduction from Form 1040, line 35, or Form 1040NR, line 33 (or included on Form 1041, line 15a).	23	
24	NOL deduction for losses from other years. Enter as a positive number	24	
25	NOL. Combine lines 1, 9, 17, and 21 through 24. If the result is less than zero, enter it here and on page 1, line 1a. If the result is zero or more, you do not have an NOL	25	-2,060,832.

Form 1045 (2008)



ANDREW COHEN & RITA COHEN
INSTRUCTIONS FOR FILING FORM
760

2007 VIRGINIA RESIDENT INCOME TAX RETURN

SIGNATURE..

THE AMENDED RETURN SHOULD BE SIGNED (USE FULL NAME) AND DATED ON
PAGE 2 BY THE TAXPAYER AND SPOUSE.

OVERPAYMENT..

YOUR RETURN SHOWS A \$24,058. OVERPAYMENT. OF THIS AMOUNT, \$24,058.
WILL BE REFUNDED TO YOU.

FILING..

FILE YOUR SIGNED RETURN BY NOVEMBER 1, 2008 WITH:

DEPARTMENT OF TAXATION
P.O. BOX 760
RICHMOND, VIRGINIA 23218-0760

MAILING..

YOUR RETURN SHOULD BE MAILED BY EITHER REGISTERED OR CERTIFIED
MAIL, WITH THE SENDER'S RECEIPT POSTMARKED TO PROVE MAILING BEFORE
THE DUE DATE.

2007 VA760CG

Individual Income Tax Return

(Part Two) Pg 27 of 49



ANDREW COHEN
 RITA COHEN
 3750 JEFFERSON BOULEVARD

VIRGINIA BEACH VA 23455

Filing Status: 2 Head of Household:

Name or Filing

Change: Amended: X

Address NOL: X

Change: Virginia Return Locality: 810

Not Filed Last Year: Locality: 810

Your SSN COHE 000000000

Spouse's SSN COHE

Exemptions	Dependents	Total	65 and over	Blind	Total
Yourself	1 2	4			
Spouse	1				

Vendor ID: 1062W 1062

1. Fed Adj Gross Income 1. -1180693.

2. Additions, see Pg 2, Line 3 2.

3. Subtotal 3. -1180693.

4a. Age Deduction - You 4a.

4b. Age Deduction - Spouse 4b.

5. Soc Sec & Tier 1 Railroad 5.

6. State Inc Tax Overpayment 6. 3731.

7. Other Subtractions, see Pg 2, Line 7 7. NONE

8. Subtotal Subtractions 8. 3731.

9. Total VAGI 9. -1184424.

10a. Federal Sch. A Itemized Deductions 10a. 71727.

10b. State/Local Income Tax 10b. 33484.

10. Standard/Itemized Deductions 10. 38243.

11. Exemptions 11. 3600.

12. Deductions VAGI see Pg 2, Line 9 12. 4000.

13. Subtotal Lines 10, 11 and 12 13. 45843.

14. VA Taxable Income 14. NONE

15. Tax Amount 15.

16. Spouse Tax Adjustment 16.

16a. Your VAGI 16a. -1337087.

16b. Spouse's VAGI 16b. 152663.

17. Net Tax 17.

18a. Your Withholding 18a. 84.

18b. Spouse's Withholding 18b.

19. Estimated Payments 19. 24800.

20. Extension Payments 20.

21. Credit for Low Income 21.

22. Credit tax paid another state 22.

23. Other Credits 23.

24. Total Payments /Credits 24. 24884.

25. Tax You Owe 25.

26. Overpayment Amount 26.

27. Amount to Credit to Next Year's Tax 27.

28. Adjustments/Contributions 28.

Amount You Owe:

Paid by Credit Card

Refund:

Bank Routing

Number

Bank Account

Number

1062 LAR DLAR LTD \$

7B5611 1.000

Office Use: TP FC QX TA NO TD

92178X 2YVG 09/03/2009 09:41:21 V07-8.2 7444 AMENDED

2007 **VA760CG** Page 2

ANDREW COHEN
000000000



ADDITIONAL FILING INFORMATION

Farming/Fishing, Coalfield
Merchant Seaman: Enhancement
Taxpayer Fixed Date
Deceased: Conformity:
Dependent on Overseas
another's return: when due:
Federal Earned
Income Credit

Deductions

8. Deduction Code and Amount

104	8a.	2000.
SEE STATEMENT 3		
104	8b.	2000.
	8c.	
9. Total Deductions	9.	4000.

Additions - SCH ADJ/CG - Part 1

1. Interest on obligations
of other state 1.
2. Other Additions:
a. Fixed Date Conformity 2a.
2b.
2c.
3. Total Additions: 3.

Spouse's Name - Filing Status 3 Only

AGE DEDUCTION DETAILS

You

Spouse

Contact Information

Your Phone 0000000000

Spouse

Dept of Taxation can discuss
my return with my preparer.

X

Preparer Phone Number 7576407190

Preparer Info

2

I (We), the undersigned, declare under penalty of law that I (we) have examined this
return and to the best of my (our) knowledge, it is a true, correct and complete return.

Your Signature _____ Date _____

Spouse's Signature _____ Date _____

Preparer Signature R. Paul Speers, CPA Date 9/3/09

MCPHILLIPS, ROBERTS & DEANS, PLC
150 BOUSH STREET, SUITE 1100
NORFOLK, VA 23510

Subtractions

4. Income from obligations 4.
or securities of the U.S.
5. Disability Income 5.
reported as wages
6. Other: 6a.
a. Fixed Date Conformity 6b. NONE
00 6c.
6d.
7. Total Subtractions: 7. NONE



ANDREW

COHEN

000000000

**Tax Credit for Low Income Individuals
or VA Earned Income Credit**10. Exemption Information Social Security
Number

VAGI

a.
b.
c.
d.

e. Total Family VAGI 10e. •

22. Voluntary Contributions
from overpaid taxes

22a.

22b.

11. Total Exemptions 11. •

12. Personal Exemptions 12.

13. Form 760 exemptions
multiplied 12 by \$300 13.

14. Federal Earned Income Credit 14. •

15. Multiply Line 14 by 20% (.20) 15.

16. Greater of Line 13 or Line 15 16.

17. Credit (Lesser of Line 16
above or Page 1, Line 17) 17.**Adjustments to Amount of Tax**

18. Addition to Tax 18.

a. Addition from Form 760C

b. Addition from Form 760F

19. Penalty 19.

a. Late Filing
Penalty

b. Extension Penalty

20. Interest 20.

21. Consumer's Use Tax 21.

23. Other Voluntary Contributions

23a.

23b.

School Foundation Contributions

23c.

23d.

24. Total Adjustments

Amended Returns25. Amount paid with original
return, plus additional tax
paid after it was filed 25.26. Add Line 25 from above
and Line 24 from Form 760,
enter here 26. 24884.27. Overpayment, if any, as
shown on original return
or as previously adjusted 27. 826.

28. Subtract Line 27 from Line 26 28. 24058.

29. Tax You Owe 29.

30. Tax You Overpaid 30. 24058.

AVOID DELAYS. If this schedule contains information, always submit it with your return.

2007 Virginia Schedule FEDANDREW COHEN
RITA COHEN
3750 JEFFERSON BOULEVARD

000000000

VIRGINIA BEACH

VA 23455

810

SCHEDULE C, SCHEDULE C-EZ and/or SCHEDULE F INFORMATION

1. Schedule Name	First Schedule Info. C	Second Schedule Info. C
2. Gross Receipts or Sales	2400.	2055.
3. Depreciation / expense deduction		177.
4. Business Activity Code	711510	812990
5. Business Locality Code		
6. Car and truck expenses	1285.	1213.
7. Inventory at end of year		
8. Number of miles you used your vehicle for: Business	2600	2500
9. Number of miles you used your vehicle for: Commuting	NONE	NONE
10. Number of miles you used your vehicle for: Other	9400	7500

SCHEDULE 2106 and/or SCHEDULE 2106-EZ INFORMATION

11. Number of miles you used your vehicle for: Business	2600	2500
12. Number of miles you used your vehicle for: Commuting	NONE	NONE
13. Number of miles you used your vehicle for: Other	9400	7500
14. Percent of business use of vehicle: Vehicle 1	2167	2500
15. Percent of business use of vehicle: Vehicle 2		

SCHEDULE 4562 INFORMATION16. Property Used more than 50%
in a qualified business use:
Type of property

17. Date placed in service

18. Business/investment
use percentage

19. Cost or other basis

20. Depreciation deduction

21. Elected section 179 cost

22. Business Locality Code

1062
7B5624 1.000



ANDREW COHEN

000000000

RITA COHEN

Your/ Spouse SSN	You/ Spouse	Virginia Withholding	Employer FEIN	Virginia Account Number	Virginia Wages, tips, other comp.
000000000	1	1.			266.
000000000	1	83.			4498.

Total Virginia Withholding:

SSN

VA Withholding

YOU 000000000 84.

SPOUSE

TOTAL NUMBER OF W2'S AND 1099'S 03

AVOID DELAYS in processing your return! Be sure to enter all information including Employer's FEIN.

2007
Schedule CRCREDIT COMPUTATION SCHEDULE - See Page 6 for required attachments.
Attach this to your return. See instructions for other required attachments.

ANDREW COHEN & RITA COHEN

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PART I - MAXIMUM NONREFUNDABLE CREDITS

- 1 Enter the total tax computed on your return less the total of Spouse Tax Adjustment, Credit for Low Income Individuals or VA Earned Income Credit and Credit for Tax Paid to Another State. The maximum nonrefundable credits allowable on Line 107 of Schedule CR may not exceed this amount. 1

PART II - ENTERPRISE ZONE ACT CREDIT

- 2 Credit allowable this year from Form 301 (attach Form 301) 2

PART III - NEIGHBORHOOD ASSISTANCE ACT CREDIT

- 3 Authorized amount of Neighborhood Assistance Act Credit 3 _____
4 Carryover credit from prior year(s) [attach computation] 4 _____
5 Add Line 3 and Line 4 5 _____
6 Credit allowable this year: Line 5 or balance of maximum credit available, whichever is less 6 _____
7 Carryover credit to next year: Line 5 less Line 6 (applicable only if within 5 year carryover period) 7 _____

PART IV - RECYCLABLE MATERIALS PROCESSING EQUIPMENT CREDIT

- 8 NO LONGER APPLICABLE 8 XXXXXXXXXX

- 9 Carryover credit from prior year(s) [attach computation] 9 _____
10 NO LONGER APPLICABLE 10 XXXXXXXXXX

- 11 Enter 40% of tax per return 11 _____
12 Maximum recyclable materials processing equipment credit. Line 9 or Line 11, whichever is less 12 _____
13 Credit allowable this year: Line 12 or balance of maximum credit available, whichever is less 13 _____
14 Carryover credit to next year: Line 9 less Line 13 (applicable only if within 10 year carryover period). 14 _____

PART V - CONSERVATION TILLAGE EQUIPMENT CREDIT

- 15 Enter 25% of qualifying property cost or \$4,000, whichever is less . . 15 _____
16 Carryover credit from prior year(s) [attach computation] 16 _____
17 Add Line 15 and Line 16 17 _____
18 Credit allowable this year: Line 17 or balance of maximum credit available, whichever is less 18 _____
19 Carryover credit to next year: Line 17 less Line 18 (applicable only if within 5 year carryover period) 19 _____

PART VI - FERTILIZER AND PESTICIDE APPLICATION EQUIPMENT CREDIT

- 20 Enter 25% of current qualifying equipment cost or \$3,750, whichever is less 20 _____
21 Carryover credit from prior year(s) [attach computation] 21 _____
22 Add Line 20 and Line 21 22 _____
23 Credit allowable this year: Line 22 or balance of maximum credit available, whichever is less 23 _____
24 Carryover credit to next year: Line 22 less Line 23 (applicable only if within 5 year carryover period) 24 _____

PART VII - RENT REDUCTION PROGRAM CREDIT

- 25 Enter 50% of qualifying rent reductions 25 _____
26 Carryover credit from prior year(s) [attach computation] 26 _____
27 Add Line 25 and Line 26 27 _____
28 Credit allowable this year: Line 27 or balance of maximum credit available, whichever is less 28 _____
29 Carryover credit to next year: Line 27 Less Line 28 (applicable only if within 5 year carryover period) 29 _____

2007 Schedule CR page 2

See Page 6 for required attachments.



ANDREW COHEN & RITA COHEN

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PART VIII - CLEAN-FUEL VEHICLE AND VEHICLE EMISSIONS TESTING EQUIPMENT**Clean-fuel vehicle and qualified electric vehicle credit**

30 **NO LONGER APPLICABLE** 30 **XXXXXX**

31 Carryover credit from prior year(s) [attach computation] 31 _____

32 Add Lines 30 and 31 32 _____

33 Line 32 or balance of maximum credit available, whichever is less 33 _____

34 Carryover credit to next year: Line 32 less Line 33 (applicable only
if within 5 year carryover period) 34 _____

Vehicle emissions testing equipment credit

35 Enter 20% of the purchase or lease price paid during the year for
qualified vehicle emissions testing equipment 35 _____

36 Carryover credit from prior year(s) [attach computation] 36 _____

37 Add Line 35 and Line 36 37 _____

38 Enter the amount from Line 37 or the balance of maximum credit
available, whichever is less 38 _____

39 Carryover credit to next year: Line 37 less Line 38 (only if within
5 year carryover period) 39 _____

PART IX - MAJOR BUSINESS FACILITY JOB TAX CREDIT

40a **Credit authorized by the Department of Taxation** 40a _____

40 **Credit allowable this year:** Line 40a or the balance of the maximum
credit available, whichever is less 40 _____

41 Carryover credit to next year. Compute on Form 304 if within the 10 year
carryover period (Line 40a less Line 40) 41 _____

PART X - FOREIGN SOURCE RETIREMENT INCOME TAX CREDIT

42 Qualifying taxable income on which the tax in the foreign
country is based 42 _____

43 Virginia taxable income. See instructions 43 NONE

44 Qualifying tax paid to the foreign country.
Enter name of country: 44 _____

45 Virginia income tax. See instructions 45 _____

46 Income percentage. Divide Line 42 by Line 43. Compute to one decimal
place, not to exceed 100%. For example, 0.3163 becomes 31.6% 46 NONE

47 Multiply Line 45 by Line 46 47 NONE

48 **Credit allowable this year:** Enter the lesser of Line 44 or Line 47,
not to exceed the balance of maximum credit available 48 _____

PART XI - HISTORIC REHABILITATION TAX CREDIT

49 Enter the amount of eligible expenses (attach certificate) 49 _____

50 Multiply the amount on Line 49 by 25% 50 _____

51 Carryover credit from prior year(s) [attach computation] 51 _____

52 Add Line 50 and Line 51 52 _____

53 **Credit allowable this year:** Enter the amount from Line 52 or the
balance of maximum credit available, whichever is less 53 _____

54 Carryover credit to next year:
Line 52 less Line 53. (10 year carryover period) 54 _____

See Page 6 for required attachments.



ANDREW COHEN & RITA COHEN

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PART XII - DAY-CARE FACILITY INVESTMENT TAX CREDIT

55 Enter 25% of eligible expenses, not to exceed \$25,000 55 _____

56 Carryover credit from prior year(s) [attach computation] 56 _____

57 Add Line 55 and Line 56 57 _____

58 **Credit allowable this year:** Enter the amount from Line 57 or the balance of maximum credit available, whichever is less 58 _____

59 Carryover credit to next year: Line 57 less Line 58. (3 year carryover period. See instructions for limitations) 59 _____

PART XIII - LOW-INCOME HOUSING CREDIT

60 Enter allowable credit (attach certification form) 60 _____

60a Carryover credit from prior year(s) [attach computation] 60a _____

60b Add Line 60 and Line 60a 60b _____

61 **Credit allowable this year:** Enter amount from Line 60b or the balance of maximum credit available, whichever is less 61 _____

62 Carryover credit to next year: Line 60b less Line 61 (5 year carryover period) 62 _____

PART XIV - AGRICULTURAL BEST MANAGEMENT PRACTICES TAX CREDIT

63 Enter 25% of qualified expenditures, not to exceed \$17,500 (attach certificate) 63 _____

64 Carryover credit from prior year(s) [attach computation] 64 _____

65 Add Line 63 and Line 64 65 _____

66 **Credit allowable this year:** Enter amount from Line 65 or the balance of maximum credit available, whichever is less 66 _____

67 Carryover credit to next year: Line 65 less Line 66. (5 year carryover period.) 67 _____

PART XV - QUALIFIED EQUITY AND SUBORDINATED DEBT INVESTMENTS TAX CREDIT

68 Enter the amount of qualified equity and subordinated debt investments tax credit authorized by the Virginia Department of Taxation 68 _____

69 Carryover credit from prior year(s) [attach computation] 69 _____

70 Add Line 68 and Line 69 70 _____

71 **Credit allowable this year:** Enter the amount on Line 70 or the balance of maximum credit available, whichever is less 71 _____

72 Carryover to next year: Line 70 less Line 71 (15 year carryover period) 72 _____

PART XVI - WORKER RETRAINING TAX CREDIT

73 Enter amount of worker retraining tax credit authorized by the Virginia Department of Taxation. 73 _____

74 Carryover credit from prior year(s) [attach computation] 74 _____

75 Add Line 73 and Line 74 75 _____

76 **Credit allowable this year:** Enter the amount from Line 75 or the balance of maximum credit available, whichever is less 76 _____

77 Carryover credit to next year: Line 75 less Line 76 (3 year carryover period) 77 _____

PART XVII - WASTE MOTOR OIL BURNING EQUIPMENT CREDIT

78 Enter 50% of the purchase price paid during the taxable year for equipment used exclusively for burning waste motor oil at your facility 78 _____

79 **Credit allowable this year:** Enter the amount from Line 78, up to \$5,000 not to exceed balance of maximum credit available 79 _____

2007 Schedule CR page 4

(Part Two) Pg 45 of 49

See Page 6 for required attachments.



ANDREW COHEN & RITA COHEN

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PART XVIII - CREDIT FOR PURCHASE OF LONG-TERM CARE INSURANCE

80 If the policy for which you are claiming the credit was purchased prior to 2007, enter the amount of the premiums paid for the first 12 months of coverage 80 _____
 Date policy issued (must be on or after 1/01/2008)
 80a Multiply Line 80 by 15% (.15). 80a _____
 You - _____
 80b Enter total amount of credits claimed for this policy in prior years. . 80b _____
 Spouse - _____
 80c Subtract Line 80b from Line 80a. This is the maximum amount of credit that you may claim for 2007. If Line 80b is equal to Line 80a, you may no longer claim this credit for this policy. 80c _____
 81 Enter the amount premium paid in 2007. 81 _____
 81a Multiply Line 81 by 15% (.15). 81a _____
 81b Enter carryover from prior year(s) [attach computation] 81b _____
 82 Add Lines 81a and 81b 82 _____
 83 **Credit allowable this year:** Enter the amount on Line 80c (if completed), Line 82 or the balance of maximum credit available, whichever is less 83 _____
 84 Carryover credit to next year: Line 82 less Line 83 (5 year carryover period) 84 _____

PART XIX - CREDIT EXPIRED - SPACE RESERVED FOR FUTURE USE

85 Reserved 85 _____
 86 Reserved 86 _____
 87 Reserved 87 _____
 88 Reserved 88 _____
 89 Reserved 89 _____

PART XX - HOME ACCESSIBILITY FEATURES FOR THE DISABLED TAX CREDIT

90 Enter the amount of the Home Accessibility Features for the Disabled tax credit authorized by the Virginia Department of Taxation . . . 90 _____
 91 Carryover credit from prior year(s) [attach computation] 91 _____
 92 Add Line 90 and Line 91 92 _____
 93 **Credit allowable this year:** Enter the amount on Line 92 or the balance of maximum credit available, whichever is less 93 _____
 94 Carryover credit to next year: Line 92 less Line 93 (5 year carryover period) 94 _____

PART XXI - RIPARIAN WATERWAY BUFFER CREDIT

95 Enter the amount of Riparian Waterway Buffer tax credit authorized by the Virginia Department of Forestry (attach certification) 95 _____
 96 Carryover credit from prior year(s) [attach computation] 96 _____
 97 Add Line 95 and Line 96 97 _____
 98 **Credit allowable this year:** Enter the amount on Line 97 or the balance of maximum credit available, whichever is less 98 _____
 99 Carryover credit to next year: Line 97 less Line 98 (5 year carryover period) 99 _____

PART XXII - LAND PRESERVATION TAX CREDIT

100 Enter the credit amount originating in 2007 or the amount of credit transferred to you in 2007 100 _____
 101 Carryover credit from prior year(s) [attach computation] 101 20000.
 101a Add Line 100 and Line 101. 101a 20000.
 101b Enter total credit transferred to others in 2007 101b _____
 102 Subtract Line 101b from Line 101a 102 20000.
 103 **Credit allowable this year:** Enter the amount from Line 102 or the balance of maximum credit available, whichever is less. Each credit holder cannot claim more than \$100,000 per credit. 103 _____
 104 Carryover credit to next year: Line 102 less Line 103 (5 year carryover period) 104 20000.

See Page 6 for required attachments.



ANDREW COHEN & RITA COHEN

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PART XXIII - POLITICAL CONTRIBUTIONS CREDIT

105 Enter 50% of the amount of eligible political contributions. Credit is limited to \$25 for individuals or \$50 for married filing jointly . . . 105 _____

106 **Credit allowable this year:** Enter the amount on line 105 or the balance of maximum credit available, whichever is less 106

PART XXIV - TOTAL NONREFUNDABLE CREDITS

107 Add Lines 2, 6, 13, 18, 23, 28, 33, 38, 40, 48, 53, 58, 61, 66, 71, 76, 79, 83, 93, 98, 103, and 106. If you have claimed more than the maximum allowed nonrefundable credits, see instructions. 107

PART XXV - VIRGINIA COAL EMPLOYMENT AND PRODUCTION INCENTIVE and COALFIELD EMPLOYMENT ENHANCEMENT TAX CREDITS

108 100% Coalfield Employment Enhancement and/or Virginia Coal Employment and Production Incentive Tax Credits from Line 1 of your 2007 Schedule 306B 108

108a 50% Coalfield Employment Enhancement Tax Credit from Line 2 of your 2007 Schedule 306B 108a

109 Full credit: Enter amount from your 2007 Form 306, Line 12a 109

109a Full credit: Enter amount from your 2007 Form 306, Line 12b 109a

110 85% Credit: Enter amount from your 2007 Form 306, Line 13a 110

110a 90% Coalfield Credit: Enter amount from your 2007 Form 306, Line 13b 110a

111 Total Coal Related Tax Credits allowable this year: Add Lines 109, 109a, 110 and 110a 111

112 2007 Coalfield Employment Enhancement Tax Credit earned to be used when completing your 2010 return: Enter the amount from your 2007 Form 306, Line 11 112

PART XXVI - TOTAL REFUNDABLE CREDITS

113 Refundable real property enterprise zone act credit from Form 301 113

114 Refundable total Coalfield Employment Enhancement and/or Virginia Coal Employment and Production Incentive Tax Credits from Line 111 114

115 Enter the total of Line 113 and Line 114 115

PART XXVII - TOTAL CURRENT YEAR CREDITS

116 Total credits allowable this year. Enter the total of Line 107 and Line 115 here and on Line 23 of Form 760, Line 18g of Form 760PY or Line 19g of Form 763 116

Form 1040X

Amended U.S. Individual Income Tax Return

OMB No. 1545-0074

(Rev. November 2007)

▶ See separate instructions.

This return is for calendar year 2007, or fiscal year ended ▶

Please print or type	Your first name and initial ANDREW	Last name COHEN	Your social security number
	If a joint return, spouse's first name and initial RITA	Last name COHEN	Spouse's social security number
	Home address (no. and street) or P.O. box if mail is not delivered to your home 3750 JEFFERSON BOULEVARD		Apt. no. Phone number
	City, town or post office, state, and ZIP code. If you have a foreign address, see page 3 of the instructions. VIRGINIA BEACH VA 23455		

A If the address shown above is different from that shown on your last return filed with the IRS, would you like us to change it in our records? ☐ Yes ☐ No

B Filing status. Be sure to complete this line. **Note.** You cannot change from joint to separate returns after the due date.

On original return ▶ ☐ Single ☒ Married filing jointly ☐ Married filing separately ☐ Head of household ☐ Qualifying widow(er)
On this return ▶ ☐ Single ☒ Married filing jointly ☐ Married filing separately ☐ Head of household* ☐ Qualifying widow(er)

* If the qualifying person is a child but not your dependent, see page 3 of the instructions.

Use Part II on the back to explain any changes

Income and Deductions (see instructions)		A. Original amount or as previously adjusted (see page 3)	B. Net change - amount of increase or (decrease) - explain in Part II	C. Correct amount
1	Adjusted gross income (see page 3)	453,207.	-1,633,900.	-1,180,693.
2	Itemized deductions or standard deduction (see page 4)	43,984.	27,743.	71,727.
3	Subtract line 2 from line 1	409,223.	-1,661,643.	-1,252,420.
4	Exemptions. If changing, fill in Parts I and II on the back (see page 4)	4,532.	9,068.	13,600.
5	Taxable income. Subtract line 4 from line 3	404,691.	-1,670,711.	-1,266,020.
6	Tax (see page 5). Method used in col. C TABLES	108,957.	-11,047.	97,910.
7	Credits (see page 5)		2,000.	2,000.
8	Subtract line 7 from line 6. Enter the result but not less than zero	108,957.	-13,047.	95,910.
9	Other taxes (see page 5)			
10	Total tax. Add lines 8 and 9	108,957.	-13,047.	95,910.
11	Federal income tax withheld and excess social security and tier 1 RRTA tax withheld. If changing, see page 5	1.		1.
12	Estimated tax payments, including amount applied from prior year's return	140,000.		140,000.
13	Earned income credit (EIC)			
14	Additional child tax credit from Form 8812			
15	Credits: Federal telephone excise tax or from Forms 2439, 4136, 8885, or 8801 (if refundable)			
16	Amount paid with request for extension of time to file (see page 5)			
17	Amount of tax paid with original return plus additional tax paid after it was filed			
18	Total payments. Add lines 11 through 17 in column C			140,001.

Refund or Amount You Owe

19	Overpayment, if any, as shown on original return or as previously adjusted by the IRS	31,044.
20	Subtract line 19 from line 18 (see page 6)	108,957.
21	Amount you owe. If line 10, column C, is more than line 20, enter the difference and see page 6	
22	If line 10, column C, is less than line 20, enter the difference	13,047.
23	Amount of line 22 you want refunded to you	13,047.
24	Amount of line 22 you want applied to your estimated tax	24

Sign Here

Joint return? See page 2. Keep a copy for your records.

Under penalties of perjury, I declare that I have filed an original return and that I have examined this amended return, including accompanying schedules and statements, and to the best of my knowledge and belief, this amended return is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

Your signature _____ Date _____ Spouse's signature. If a joint return, both must sign. _____ Date _____

Paid

Preparer's signature _____ Date _____ Check if self-employed ☐ Preparer's SSN or PTIN P00559334

Preparer's Use Only

Firm's name (or yours if self-employed), address, and ZIP code MCPHILLIPS, ROBERTS & DEANS, PLC
150 BOUSH STREET, SUITE 1100
NORFOLK VA 23510
EIN _____ Phone no. 757-640-7190

Part I Exemptions. See Form 1040 or 1040A instructions.Complete this part **only** if you are:

- Increasing or decreasing the number of exemptions claimed on line 6d of the return you are amending, or
- Increasing or decreasing the exemption amount for housing individuals displaced by Hurricane Katrina.

	A. Original number of exemptions reported or as previously adjusted	B. Net change	C. Correct number of exemptions															
25 Yourself and spouse	25																	
Caution. If someone can claim you as a dependent, you cannot claim an exemption for yourself.																		
26 Your dependent children who lived with you	26																	
27 Your dependent children who did not live with you due to divorce or separation	27																	
28 Other dependents	28																	
29 Total number of exemptions. Add lines 25 through 28	29																	
30 Multiply the number of exemptions claimed on line 29 by the amount listed below for the tax year you are amending. Enter the result here.																		
<table border="1"> <thead> <tr> <th>Tax year</th> <th>Exemption amount</th> <th>But see the instructions for line 4 on page 4 if the amount on line 1 is over:</th> </tr> </thead> <tbody> <tr> <td>2007</td> <td>\$3,400</td> <td>\$117,300</td> </tr> <tr> <td>2006</td> <td>3,300</td> <td>112,875</td> </tr> <tr> <td>2005</td> <td>3,200</td> <td>109,475</td> </tr> <tr> <td>2004</td> <td>3,100</td> <td>107,025</td> </tr> </tbody> </table>	Tax year	Exemption amount	But see the instructions for line 4 on page 4 if the amount on line 1 is over:	2007	\$3,400	\$117,300	2006	3,300	112,875	2005	3,200	109,475	2004	3,100	107,025	30		
Tax year	Exemption amount	But see the instructions for line 4 on page 4 if the amount on line 1 is over:																
2007	\$3,400	\$117,300																
2006	3,300	112,875																
2005	3,200	109,475																
2004	3,100	107,025																
31 If you are claiming an exemption amount for housing individuals displaced by Hurricane Katrina, enter the amount from Form 8914, line 2 for 2005 or line 6 for 2006 (see instructions for line 4). Otherwise enter -0-	31																	
32 Add lines 30 and 31. Enter the result here and on line 4	32	4,532.	13,600.															

33 Dependents (children and other) not claimed on original (or adjusted) return:

(a) First name	Last name	(b) Dependent's social security number	(c) Dependent's relationship to you	(d) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see page 6)	No. of children on 33 who:
					<input type="checkbox"/> lived with you <input type="checkbox"/> did not live with you due to divorce or separation (see page 6) Dependents on 33 not entered above

Part II Explanation of Changes

Enter the line number from the front of the form for each item you are changing and give the reason for each change. Attach only the supporting forms and schedules for the items changed. If you do not attach the required information, your Form 1040X may be returned. Be sure to include your name and social security number on any attachments.

If the change relates to a net operating loss carryback or a general business credit carryback, attach the schedule or form that shows the year in which the loss or credit occurred. See page 2 of the instructions. Also, check here ☐

TAXPAYER INCURRED A THEFT LOSS IN 2008 AND UNDER REV PROC 2009-20

CREATED A NET OPERATING LOSS THAT IS BEING CARRIED BACK TO 2006 AND

2007 FOR STATE INCOME TAX PURPOSES AND FIVE YEARS FOR FEDERAL TAX

PURPOSES. THIS 1040X IS PREPARED FOR VIRGINIA TAX PURPOSES.

Part III Presidential Election Campaign Fund. Checking below will not increase your tax or reduce your refund.

If you did not previously want \$3 to go to the fund but now want to, check here ☐

If a joint return and your spouse did not previously want \$3 to go to the fund but now wants to, check here ☐

Schedule A - NOL (see page 6 of the instructions)

1	Enter the amount from your 2006 Form 1040, line 41, or Form 1040NR, line 38, minus any amount on Form 8914, line 6. Estates and trusts, enter taxable income increased by the total of the charitable deduction, income distribution deduction, and exemption amount	1	-1633900.
2	Nonbusiness capital losses before limitation. Enter as a positive number	2	13,098.
3	Nonbusiness capital gains (without regard to any section 1202 exclusion)	3	420,687.
4	If line 2 is more than line 3, enter the difference; otherwise, enter -0-	4	
5	If line 3 is more than line 2, enter the difference; otherwise, enter -0-	5	407,589.
6	Nonbusiness deductions (see page 6 of the instructions)	6	53,001.
7	Nonbusiness income other than capital gains (see page 6 of the instructions)	7	86,264.
8	Add lines 5 and 7	8	493,853.
9	If line 6 is more than line 8, enter the difference; otherwise, enter -0-	9	
10	If line 8 is more than line 6, enter the difference; otherwise, enter -0-. But do not enter more than line 5	10	407,589.
11	Business capital losses before limitation. Enter as a positive number	11	
12	Business capital gains (without regard to any section 1202 exclusion)	12	
13	Add lines 10 and 12	13	407,589.
14	Subtract line 13 from line 11. If zero or less, enter -0-	14	
15	Add lines 4 and 14	15	
16	Enter the loss, if any, from line 16 of Schedule D (Form 1040). (Estates and trusts, enter the loss, if any, from line 15, column (3), of Schedule D (Form 1041).) Enter as a positive number. If you do not have a loss on that line (and do not have a section 1202 exclusion), skip lines 16 through 21 and enter on line 22 the amount from line 15	16	
17	Section 1202 exclusion. Enter as a positive number	17	
18	Subtract line 17 from line 16. If zero or less, enter -0-	18	
19	Enter the loss, if any, from line 21 of Schedule D (Form 1040). (Estates and trusts, enter the loss, if any, from line 16 of Schedule D (Form 1041).) Enter as a positive number	19	
20	If line 18 is more than line 19, enter the difference; otherwise, enter -0-	20	
21	If line 19 is more than line 18, enter the difference; otherwise, enter -0-	21	
22	Subtract line 20 from line 15. If zero or less, enter -0-	22	
23	Domestic production activities deduction from Form 1040, line 35, or Form 1040NR, line 33 (or included on Form 1041, line 15a)	23	
24	NOL deduction for losses from other years. Enter as a positive number	24	
25	NOL. Combine lines 1, 9, 17, and 21 through 24. If the result is less than zero, enter it here and on page 1, line 1a. If the result is zero or more, you do not have an NOL	25	-1,633,900.

Form 1045 (2006)